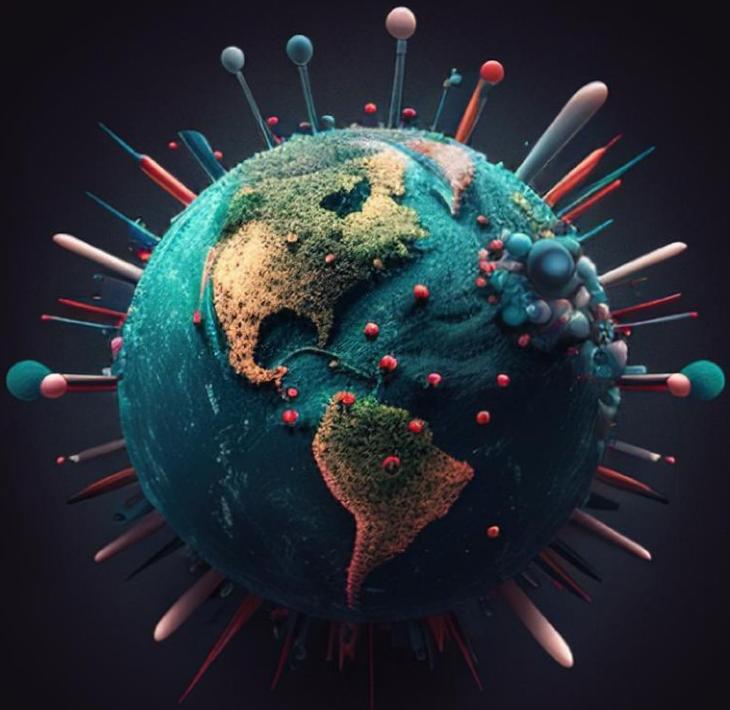


Vaccines, Viruses and Bacteria: Not What You've Been Told



Val Zimmer

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Disclaimer

Allopathic medicine is modern, mainstream medicine. Holistic medicine is the form of medicine that looks at the whole person, in the quest for optimal health and wellbeing. Doctors weren't always licensed. State and Federal governments now require doctors to attend certified allopathic medical schools. Doctors receive their license to practice medicine from these governments. I am under legal requirement to state that I, Val Zimmer, am not a doctor. The material presented in this book is for informational and educational purposes only. Before embarking on any new remedies due to your health, please "consult your doctor".

Acknowledgments

I'd like to thank my lovely wife, Janel, for proofreading, organizing and formatting this book.

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Table of Contents

Disclaimer.....	4
Acknowledgments.....	5
Introduction	7
Chapter 1 - Wake Up	9
Chapter 2 – Child Vaccination Schedule and Ingredients	19
Chapter 3 - Diseases of the Past and Vaccine Effectiveness	29
Chapter 4 – The Rise and Fall of Disease.....	50
Chapter 5 - Have Virologists Proven Contagion?.....	64
Chapter 6 – Bacteria.....	79
Chapter 7 – Viruses	90
Chapter 8 - Why Do We Get Sick?	134
Chapter 9 - Final Thoughts	150
Appendix A- Chat GPT.....	158
References	169

Introduction

When the United States was more agriculturally driven, families spent much of their time growing and preparing food, and parents would directly educate their offspring. The wealth of the family was in the land they owned, and they managed it as best they could. In today's world, things are more specialized. Each of us usually does one job, and we outsource everything else. We listen to the experts. Most usually do not manage their investments. We have expert money managers and do what they say with our hard-earned money. Most of these money managers get paid whether you make or lose money. Most people today do not educate their own kids. We have professional teachers for that. Some parents will help do homework, but the curriculum and the process is out of parents' control. The amount spent in the United States per child is second only to Luxembourg.ⁱ So, do we have the world's second best test scores? No. It's not even close. The United States' education system ranks 24th in the world.ⁱⁱ Teachers, administrators, and those who make curriculums get paid whether your child can read at his or her grade level or not.

Concerned with our children's health, we bring them to the pediatrician for wellness checks. Doctors are considered medical experts. In these wellness checks, they tell us things like the height percentile of the child. It's also when they inject our babies with the plethora of childhood vaccines that they tell us are crucial to their survival. Doctors have been elevated to God-like status and very few of us question anything they say. "The doctor said my child needed the flu vaccine, so I let them vaccinate my child even though I don't know the ingredients or understand the risks." It is undeniable that great medical strides have been made when someone has a traumatic bodily injury. In horrific car accidents, these amazing doctors can piece someone back together again.

Those in the medical field will also point out that modern medicine has eradicated the horrible diseases of the past, and is ready to make a vaccine for any new dangerous infectious disease. Is this true? Did vaccines wipe out the old diseases? Do you need to be fearful of a new infectious strain of bird flu? Or Covid-19? Should all children be subject to dozens and dozens of potentially dangerous vaccines? These and more questions will be answered in this book. You will become more of an expert than your doctor when it comes to the health and well-being of you and your family.

Chapter 1 - Wake Up

I want to share something with you that I wish someone would have shared with me when my son was born in 1998. Thank God he doesn't have autism or ADD, but he did have chronic ear infections when he was younger. He seemed to always be on antibiotics and eventually had to have tubes put in his ears. He also had mild asthma and very swollen adenoids, which his doctor was always watching closely for removal. All of this pain and suffering was unnecessary. I recently discovered that asthmaⁱⁱⁱ and chronic ear infections^{iv} could be caused by childhood vaccines. Adenoids are part of the lymphatic system responsible for removing toxins. Remember that word, **toxins**. I had not yet read or studied any medical literature at that time, and just let the doctor make my decisions for me. Never again. This book will empower you to make better medical decisions as well.

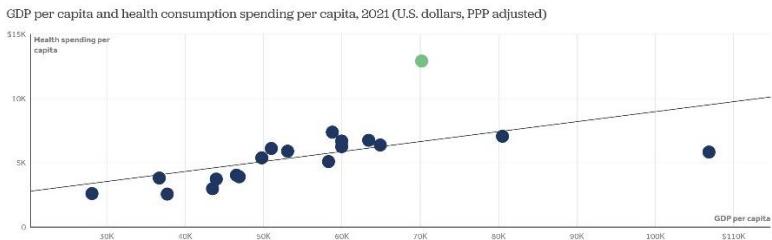
As for autism, I'm sure we all realize there is an epidemic. Autism was extremely rare decades ago. Now some reports say 1 in 44 kids are on the spectrum^v. Many attribute the tremendous rise in autism to vaccine ingredients, such as aluminum^{vi}. For some reason, we just accept the rising cases of autism, bury our heads in the sand, and keep getting our children vaccinated. Doctors will tell you that vaccines are not to blame, but they have no good explanation for this steep rise in cases. Are we just supposed to sit back and not figure out what is wrong with our kids? And it's not just autism; eczema in children is also rising. I don't remember even hearing about eczema when I was young. Now 6% of children have painful autoimmune diseases.^{vii} Other chronic health conditions are exploding in our children. Over the past 50 years, asthma, obesity, mental health issues, and neurodevelopmental disorders have steadily risen.^{viii} Two of these conditions are conditions of the brain. Including autism, 3 out of 5 of the greatest challenges our kids are

facing are brain conditions. Aluminum is neurotoxic, accumulates in the brain, and is very hard for the body to detox. Aluminum is linked to Alzheimers' disease. Is it that far of a stretch to say that aluminum is also involved in our children's neurological diseases?^{ix}

"Aluminum is neurotoxic as the establishment of toxicity thresholds can result in neuronal dysfunction, neurodegeneration and ultimately neuronal cell death through a continuum of disruptive events from classical apoptosis through to sudden and violent necrosis."^x

Other autoimmune diseases are also very common in children. These include asthma, hay fever, and food allergies.^{xi} Doctors report that autoimmune diseases occur when someone's white blood cells attack their body's tissue. Autoimmune disease will be discussed in the next chapter. Sadly, doctors and pharmaceutical companies will make more money the sicker their customers are. Does anyone really believe that the "Big Medical" industry wants to CURE them? A sick customer is cash flow. A scared customer is also cash flow, as they will sign up for any new vaccines that doctors and pharmaceutical companies offer. This is accomplished by ramping up the fear of grave sickness or death from the latest pathogen.

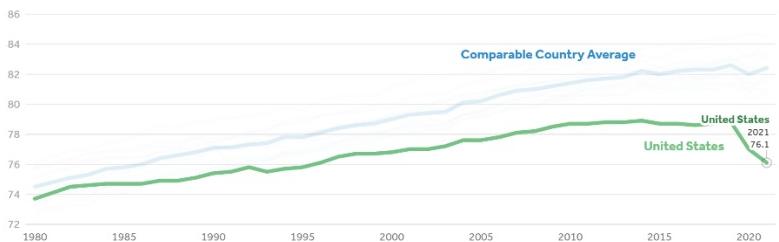
The first chart on the next page shows GDP per capita and healthcare spending per capita. The United States is represented by the green dot far away from the other countries. The United States spends more on healthcare per person by far. Therefore, the same question needs to be asked that we asked for education. The U.S. spends more money than any other country on healthcare; so, do we have the world's best health outcomes? The answer is sadly *no*. The second chart shows life expectancy at birth. As you can see, compared to 11 other developed nations, someone born in the United States can expect to live on average 6 years LESS than those in other developed countries. This is a huge difference. Why do we outsource our healthcare to these doctors that are failing us? It's time to take control of our own health.



Source: KFF analysis of National Health Expenditure (NHE) and OECD data • Get the data • PNG

Peterson-KFF
Health System Tracker

Life expectancy at birth in years, 1980-2021



Source: KFF analysis of CDC, OECD, Japanese Ministry of Health, Labour, and Welfare, Australian Bureau of Statistics, and UK Office for Health Improvement and Disparities data • Get the data • PNG

Peterson-KFF
Health System Tracker

Charts from: <https://www.healthsystemtracker.org/chart-collection>

Noticing the horrible state of the United States' healthcare system is why I decided to write this book. Doctors have become drug pushers trained by the pharmaceutical companies. Do doctors ever "cure" anyone from diabetes or high blood pressure? No. They just write prescriptions to manage the symptoms. It seems one out of three commercials on television are pharmaceutical drug or vaccine commercials. However, doctors and the medical industry are rapidly losing credibility due to the misinformation they preach. In the following chapters, you will learn about some of the misinformation of the past; but first, the current misinformation around the Covid-19 sickness needs to be addressed.

We were told that Covid-19 was a new deadly respiratory disease. CNN ran a 24/7 death counter showcasing the tally of deaths. However, the numbers were manipulated. If anyone died and tested positive for Covid-19, they were counted as a Covid-19 death, even if the death was from an unrelated accident. It's been

reported that hospitals got more money for admitting Covid-19 patients, and even more money if that person was put on a ventilator. Of course, the CDC and hospitals deny this, but it is true. Reuters fact checked the story, and decided it was partly false.^{xii} They report that this extra payment only applied to Medicare and Medicaid patients. Medicare includes most people over 65 years old. That's the group more than likely put on ventilators. So yes, hospitals did get more money for Covid-19 and ventilator cases. This was an incentive to classify as many cases as possible as Covid-19 cases.

Nevertheless, whatever the real cause, it was reported that many people were dying. We were told that millions would die just in the United States alone. The fear mongering was epidemic. Yes, people were getting sick and people were dying; however, people get sick and die every year. Millions of people are diagnosed with the flu every year and thousands die. Since 2010, flu-related deaths have been between 12,000 and 52,000 annually.^{xiii} Was Covid-19 a new disease? Covid-19 and the flu share common symptoms. What are they?

From the Center of Disease Control (CDC) <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>

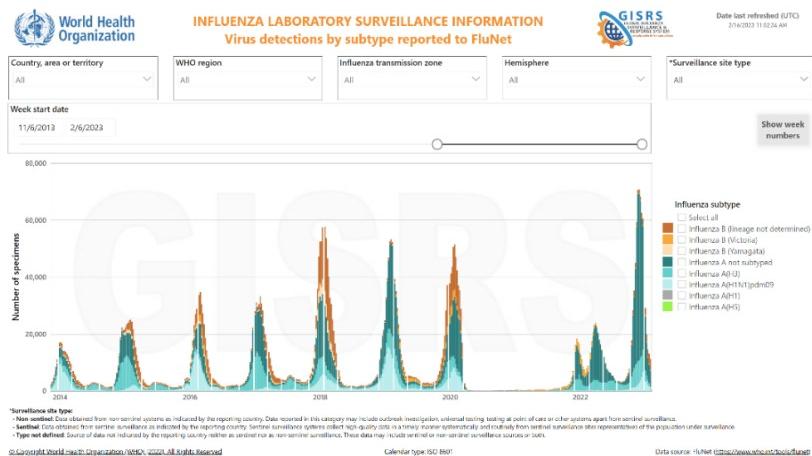
Similarities:

Both COVID-19 and flu can have varying degrees of symptoms, ranging from no symptoms (asymptomatic) to severe symptoms. Common symptoms that COVID-19 and flu share include:

- Fever or feeling feverish/having chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue (tiredness)
- Sore throat
- Runny or stuffy nose
- Muscle pain or body aches
- Headache
- Vomiting
- Diarrhea (more frequent in children with flu, but can occur in any age with COVID-19)

- Change in or loss of taste or smell, although this is more frequent with COVID-19.

Both the flu and Covid-19 can result in serious conditions, such as pneumonia, respiratory failure, heart issues, and organ failure. How are they different? According to the CDC, Covid-19 takes longer to show symptoms and lasts a bit longer. From the CDC website: "Overall, COVID-19 seems to cause more severe illness in some people." Seems? In some? It either does or it doesn't. This is an example of non-specific and useless information released by the CDC and others in the medical field. You'll see more of this misinformation from scientists when they experimented with the diseases of the past as well. How many flu cases were there compared to Covid-19 cases? According to the WHO (chart below), when Covid-19 showed up, flu cases dropped to very close to zero. ZERO. Does that make any sense? For over a year and a half, the flu was non-existent!



These are the experts that tell us what to do for our health. How does the CDC and the WHO explain the disappearance of flu cases? One speculation was, because masks were worn, the flu was eradicated. However, not everyone wore masks and surely, most did not wear masks in their own home, around their family. There is no way that masks caused the flu cases to nearly vanish. Covid-19 and the flu are said to be spread the same way. If the flu and

Covid-19 viruses are spread the same way (by droplets), why didn't wearing masks have the same effect on Covid-19? This crazy data manipulation motivated me to keep studying.

The government and the medical establishment that control our healthcare demanded a lockdown. Six weeks to slow the spread. This turned into months. Liquor stores and McDonald's could stay open, but beaches and gyms were closed. Walmart could stay open but mom and pop stores had to close. This doesn't make sense. Wouldn't sending people to a crowded Walmart put more people at risk of infection? Why would it be illegal for a guy to go surfing in the ocean? Some surfers were actually arrested.^{xiv} This was, most certainly, not following the science.

Mask mandates were initiated. Then the vaccine came out. Both Presidents Trump and Biden, and most doctors, scientists, politicians, actors, and media personnel emphasized how great this vaccine was. It's unclear how they could have made such a presumption because it was developed in months. Usually the vaccine process takes 10 years^{xv}. So how could this new mRNA vaccine, developed in months, that some say programs your body to make spike protein, be 100% safe and effective? Lies and misinformation from the people we pay to advise us on our health. The President of the United States, members of the CDC and the Who, and the CEO of Pfizer said the vaccine was 100% effective. They wanted everyone to get the vaccine so we can "get back to normal". Schools shut down. Businesses shut down. Beaches were closed. Gyms were closed. If someone expressed concern over this new Covid-19 vaccine, they were vilified and called anti-science. For refusing the vaccine, many lost their jobs. Some were calling for the unvaccinated to be arrested and put in concentration camps. The medical industry said the science was settled. However, the science is never settled. If the science was settled, lobotomy would still be a medical procedure performed today. In 1935, a Portuguese neurologist, Egas Moniz, performed the first lobotomy. This procedure involved drilling into the skull and injecting alcohol into the frontal lobe to destroy brain tissue and nerves. The other doctors of his time loved this procedure so much, they awarded

Moniz the Nobel Prize in 1949. Was the science settled? No. The last lobotomy was performed in 1967. That's over 20 years of horrible science and terrible treatment of their patients. Doctors are not Gods.

With the new Covid-19 vaccine, the medical establishment assured everyone that the vaccine will 100% prevent a Covid-19 infection. "Get the jab and get back to normal", they said. This was false. Was it a lie or just incompetence? When many of the vaccinated were still getting sick, those in the medical industry said they were wrong about the 100%, but assured the public that at least the vaccinated won't go to the hospital or die, even if they became infected. Again, this was false. The claimed effectiveness of the vaccines kept getting lower and lower. People who were vaccinated did go to the hospital, and many still died. Did these medical authoritarians admit failure and show remorse? No. They started pushing the boosters. More vaccines! Did the boosters work and finally prevent people from getting Covid-19? No. However, even in light of the complete and utter failure of the vaccines, the CDC now recommends everyone to stay up to date on the Covid-19 booster^{xvi}. To add to the confusion, Dr. Fauci is now saying that these vaccines are not effective against the current strain.^{xvii} Bill Gates says we need better vaccines for the next pandemic.

These current Covid-19 vaccines have effectiveness issues, but are they dangerous or deadly?

Yes, they are.

Here's a PBS article claiming the vaccine can cause blood clots.

<https://www.pbs.org/newshour/health/why-would-a-covid-vaccine-cause-rare-blood-clots-researchers-have-found-clues>

Mystery as Australians are dying at levels not seen in 80 years - and the UK might be seeing the same phenomenon.

<https://www.thesun.co.uk/health/21618494/australians-deaths-excess-uk/>

U.S. life insurance companies are reporting a large increase in life insurance payouts post-vaccine.

<https://www.wsws.org/en/articles/2022/02/24/life-f24.html>

DRUG ADVERSE EVENT COMPARISON

FDA AND CDC DATA: WORLDWIDE

	Adverse events	Deaths	Deaths/year
<i>1/1/1996 – 12/31/2022:</i>			
Ivermectin	4,162	422	16
HCQ	27,911	2,114	78
Flu vaccines	207,440	2,138	79
Dexamethasone	101,467	18,977	703
Tylenol	126,407	28,856	1,069
<i>In 32 months:</i>			
Remdesivir	8,695	2,132	799
<i>In 25 months:</i>			
Covid vaccines	1,521,347	34,385	15,919

FDA FAERS system, CDC VAERS system. Reports from all locations worldwide. Data as of Feb. 10, 2023; downloaded Feb. 18, 2023.



The official vehicle in the United States to report vaccine injury or death is VAERS (Vaccine Adverse Event Reporting System), maintained by the CDC. The official numbers shown in this chart are very concerning. Notice the flu vaccine deaths compared to the Covid-19 vaccine deaths. The flu vaccine has been around for years and is reported to cause 79 deaths per year. The Covid-19 vaccine was first issued two years ago and 34,385 total deaths have been reported, 15,919 per year. That's a 200x increase in deaths caused by the Covid-19 vaccines compared to the flu vaccine.

However, what if these numbers don't tell the entire picture? In 2009, Harvard studied the reliability of the VAERS system. Here's link to the paper: <https://www.talkingaboutthescience.com/wp-content/uploads/Harvard2009.pdf>

Quotes from the paper:

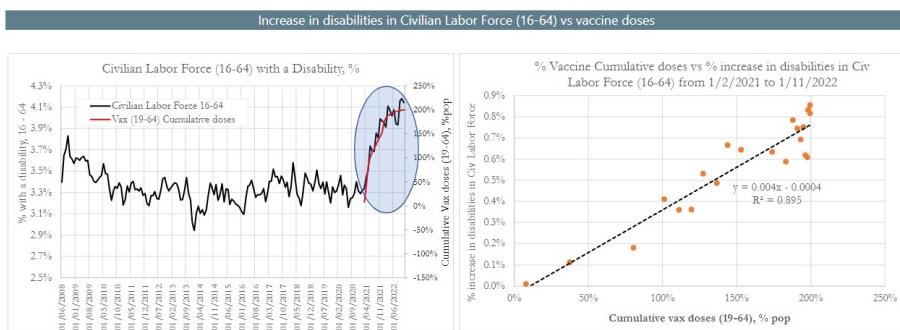
“Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported.”

“Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation.”

If less than 1% of serious adverse events are reported, one would have to multiply 34,385 deaths by 99 to get the true number. That may be too high of a multiple, but we simply don't know the real number of deaths caused by the Covid-19 vaccine. It's very likely though, that the deaths are greatly underreported. Does the CDC want to clear things up? Look at the second quote above. The CDC was no longer responsive to the questions from the Harvard team. This does not inspire confidence.

There is so much data on the negative effects from the Covid-19 vaccines but none from the CDC or the medical industry. The medical establishments continue to say that the Covid-19 vaccines are safe and effective and continue to recommend everyone get boosters. The following graphs and information are from Phinance Technologies. This group analyzed the correlation between disability and the Covid-19 vaccine. The graph on the right shows that with more vaccine doses, disability rises. Referring to the graph on the left: before Covid-19 vaccines were rolled out, about 3.3% of the civilian workforce was labeled as disabled. This number was steady for years. Starting around January 2021, when the vaccines were issued, disability started rising and seems to be continuing to

climb. In January, 2022, after one year of Covid-19 vaccines, 4.1% of the civilian workforce is shown to be disabled. The civilian workforce is 165 million people. The increase in disability of .8% (4.1 minus 3.3) is 1,320,000 people. That's 1.3 million people newly disabled. xviii It's time to start thinking for yourself.



Covid-19 has become political. By getting the vaccine and accepting the risks, someone is labeled sheep, just getting in line to be sheared. Being cautious and believing that the risks of vaccine-related injuries are too great for any potential benefit of the vaccine labels someone as an anti-science, right wing conspiracy theorist. Science should not be political.

The only things that should matter in science are facts and proof. The Covid-19 vaccine has proven to be problematic; however, the vaccines for past diseases are still thought of as worthy and necessary. Many parents will accept the risks of injury and continue to line their kids up to get these jabs. Do humans and animals need so many vaccines? What are the facts? Where is the proof? Those questions will be answered. This book is not just about the Covid-19 vaccine. It is about many of the other vaccines we are told are still needed. We'll look at the questionable experiments that scientists have performed to determine what causes disease, and what role bacteria and viruses truly play in our health.

Chapter 2 - Child Vaccination Schedule and Ingredients

I wish I could travel back in time and not get my son vaccinated. It was so easy then to just listen to the doctor tell me what vaccines were required, and to go with it. Now that I have been investigating and thinking clearly about this, I apologized to my son. I wish I would have questioned these vaccines back then. My goal now is to help people realize the truth to prevent harm to their children. The problem we all have though is misinformation. This misinformation though is spread by the people and companies that have the most to lose if people stop buying their vaccines.

This quote is from the CDC website.

"Babies receive multiple vaccines when they are between 2 to 4 months old. This age range is also the peak age for sudden infant death syndrome (SIDS). The timing of the 2 month and 4 month shots and SIDS has led some people to question whether they might be related. However, studies have found that vaccines do not cause and are not linked to SIDS".^{xix}

So that clears things up right? The CDC says vaccines do not cause and are not linked to SIDS. Do you trust this for your baby? Are you confident enough to take this gamble? We must dig deeper to find the truth.

Let's look at a paper titled: Vaccines and sudden infant death: An analysis of the VAERS database 1990-2019 and review of the medical literature.
<https://www.sciencedirect.com/science/article/pii/S2214750021001268>

"Although there is considerable evidence that a subset of infants has an increased risk of sudden death after receiving vaccines, health authorities eliminated "prophylactic

vaccination" as an official cause of death, so medical examiners are compelled to misclassify and conceal vaccine-related fatalities under alternate cause-of-death classifications. In this paper, the Vaccine Adverse Event Reporting System (VAERS) database was analyzed to ascertain the onset interval of infant deaths post-vaccination. Of 2,605 infant deaths reported to VAERS from 1990 through 2019, 58 % clustered within 3 days post-vaccination and 78.3% occurred within 7 days post-vaccination, confirming that infant deaths tend to occur in temporal proximity to vaccine administration."^{xx}

Of the infant deaths reported to VAERS, **78.3%** occurred within seven days of receiving a vaccine. Everytime your baby or young child gets vaccinated, there is a risk of death. The CDC is lying to you. VAERS is the Vaccine Adverse Event Reporting System. It's a voluntary system which does not capture all events, so SIDS deaths are probably underreported. VAERS will be covered in more detail later in the book.

I hope the information I have presented so far has gotten your attention. If you only listen to the "approved" information, you are not getting the complete picture. This misinformation (or outright lies) from the CDC is just one example of the many you will read about in this book. These lies and misrepresentations have occurred throughout history. Buckle up.

The chart on the next page shows the change in the number of vaccines from around the time that I was born to what babies born in 2018 received. Kids born in 1962 received five doses. I was born in 1965 so I likely had five doses total. In 1986, Congress voted to give the vaccine manufacturers complete immunity. It no longer matters for them if their product injures or kills a loved one. Kids in 2018 received 72 doses. That's a 1500% increase.

Child Vaccination Schedule and Ingredients

VACCINES DOSES for U.S. CHILDREN

1962	1983	2018	
5 Total Doses	24 Total Doses	72 Total Doses	
Polio	DTP (2 months)	Influenza (pregnancy)	Influenza(18 months)
Smallpox	OPV (2 months)	DTaP (pregnancy)	Hep A (18 months)
DTP	DTP (4 months)	Hep B (birth)	Influenza (30 months)
	OPV (4 months)	Hep B (2 months)	Influenza (42 months)
	DTP (6 months)	Rotavirus (2 months)	DTaP (4 years)
	MMR (15 months)	DTaP (2 months)	IPV (4 years)
	DTP (18 months)	HIB (2 months)	MMR (4 years)
	OPV (18 months)	PCV (2 months)	Varicella (4 years)
	DTP (4 years)	IPV (2 months)	Influenza (5 years)
	OPV (4 years)	Rotavirus (4 months)	Influenza (6 years)
	Td (15 years)	DTaP (4 months)	Influenza (7 years)
		HIB (4 months)	Influenza (8 years)
		PCV (4 months)	Influenza (5 years)
		IPV (4 months)	HPV (9 years)
		Hep B (6 months)	Influenza (10 years)
		Rotavirus (6 months)	HPV (10 years)
		DTaP (6 months)	Influenza (11 years)
		HIB (6 months)	HPV (11 years)
		PCV (6 months)	DTaP (12 years)
		IPV (6 months)	Influenza (12 years)
		Influenza (6 months)	Meningococcal (12 years)
		Influenza (7 months)	Influenza (13 years)
		HIB (12 months)	Influenza (14 years)
		PCV (12 months)	Influenza (15years)
		MMR (12 months)	Influenza (16 years)
		Varicella (12 months)	Meningococcal (16 years)
		Hep A (12 months)	Influenza (17 years)
		DTaP (18 months)	Influenza (18 years)

In 1986, pharmaceutical companies producing vaccines were given full federal protection from lawsuits resulting from vaccine injury or death via the Childhood Vaccine Injury Act passed by Congress. If vaccines are so safe, why did they need a law to protect from liability?

After this law, vaccines became HIGHLY profitable. There are almost 300 vaccines in development and mandatory vaccine laws for children -- and ADULTS -- being pushed in most states.

The US gives 2-3x more vaccines to children than most developed countries, yet we have skyrocketing rates of childhood issues that are NOT seen in other countries. Things like asthma, childhood diabetes, food allergies, childhood leukemia, development delays, tics, ADHD, autism, lupus, arthritis, eczema, epilepsy, Alzheimers, brain damage, etc... It's NOT a coincidence.

Vaccines contain toxic chemicals that do NOT belong in our bodies, such as aluminum (known to cause brain and developmental damage even in small doses), polysorbate 80, MSG and formaldehyde (known to cause cancer in humans).

Please visit LearnTheRisk.org for more information on vaccines and vaccine injury.

So what about vaccine requirements in 2023? What has changed in just five years? Since 2018, the CDC has added pneumococcal conjugate (four doses by 18 months of age) and the Covid-19 vaccine and boosters (one or two doses of primary vaccine, plus a booster every two months). This brings the number of recommended vaccines for our children to 100+. The chart below is the 2023 CDC recommended vaccine schedule.

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Child Vaccination Schedule and Ingredients

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B (HepB)	1 st dose	← 2 nd dose →			←	3 rd dose →											
Rotaavirus (RV) (2-dose series), RV5 (3-dose series)		1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)		1 st dose	2 nd dose	3 rd dose			←→ 4 th dose →				5 th dose						
Haemophilus influenzae type b (HiB)		1 st dose	2 nd dose	See Notes		3 rd or 4 th dose See Notes											
Pneumococcal conjugate (PCV13, PCV15)		1 st dose	2 nd dose	3 rd dose		4 th dose →											
Inactivated poliovirus (IPV <18 yrs)		1 st dose	2 nd dose	←→ 3 rd dose →					4 th dose							See Notes	
COVID-19 (1vCOV-mRNA, 2vCOV-mRNA, 1vCOV-aPS)										2- or 3- dose primary series and booster (See Notes)							
Influenza (IIV4) or Influenza (LAIV4)										Annual vaccination 1 or 2 doses		Annual vaccination 1 or 2 doses or		Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)				See Notes	←→ 1 st dose →					2 nd dose							
Varicella (VAR)					←→ 1 st dose →					2 nd dose							
Hepatitis A (HepA)		See Notes		2-dose series, See Notes													
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)											1 dose						
Human papillomavirus (HPV)												See Notes					
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)						See Notes					1 st dose		2 nd dose				
Meningococcal B (MenB-4C, MenB-FHbp)														See Notes			
Pneumococcal polysaccharide (PPSV23)													See Notes				
Dengue (DEN4CYD; 9-16 yrs)												Seropositive in endemic dengue areas (See Notes)					

When do children start getting vaccinated? Unless you refused, your child was given the Hepatitis B vaccine *at birth*. Refer to the first line and the first column in the chart. At birth! Seriously, think about that. You have just brought this beautiful new baby into the world, and after the nurses check to make sure he or she has all their parts, they are injected with a Hep B vaccine that has aluminum hydroxide. ALUMINUM! The medical establishment believes Hep B is sexually transmitted or transmitted from blood-to-blood. If mom or dad does not have Hepatitis B, there is no reason to think this baby will be exposed anytime soon. Why is it necessary to give a newborn this shot when a blood test would suffice? The Hepatitis B vaccine is malpractice. I encourage all parents to think hard about this, but it will be difficult to refuse. They will pressure you to no end. Prepare yourself.

Should you get the Hep B shot for your beautiful baby? Just say NO!

I did not have the rotavirus vaccine and did not get rotavirus. I never had the pneumococcal conjugate and did not get this sickness either. I did not get the Hepatitis A or B vaccines and my liver is healthy. I did not get the meningococcal vaccine and did not have this problem. I did not get the HPV vaccine or the Varicella (chicken pox) vaccine. Of all of these, I did have what is called chicken pox. Other than trying not to scratch, I don't think the illness was horrible, definitely not life threatening. If I had my choice, I would rather get chicken pox than get two more doses of some toxic vaccine injected into my body.

What future vaccines are on the way? There is a new monkey pox vaccine and a zika vaccine. A new two-dose RSV vaccine has just been approved by an FDA committee. This vaccine would be recommended yearly. It is believed that the RSV virus causes mild, cold-like symptoms. There are cancer vaccines under development. In addition, many of the traditional vaccines will become mRNA. When will it stop? It won't, until you stop it!

The body is a closed system that can take care of and heal itself. There should be no necessary injections of anything, but especially not poisons. If someone ingests a poison, the body will attempt to vomit or cause a reaction like diarrhea to expel the poison as quickly as possible. A large dose of poison will cause problems and maybe death, but at least the body has a fighting chance. It will work to expel as much of it as possible. An injection though, bypasses the body's defenses. The poison is in your blood instantly. What poisons are in these vaccines you might ask? Let's look.

Aluminum - Known to cause brain damage at all doses, linked to *ALZHEIMER'S DISEASE*, dementia, seizures, autoimmune issues, *SIDS*, and cancer. This toxin accumulates in the brain and causes more damage with each dose.

Formaldehyde (formalin) - Known to cause CANCER in humans. Probable gastrointestinal, liver, respiratory, immune, nerve and

reproductive system poison. Banned from injectables in most European countries.

Human and Animal Cells - Human DNA from aborted babies. Pig blood, horse blood, rabbit brains, dog kidneys, cow hearts, monkey kidneys, chicken embryos, calf serum, sheep blood & more. Linked to childhood leukemia and diabetes.

Mercury (thimerosal) - One of the most toxic substances known. Even if a thermometer breaks, the building is cleared and HAZMAT is called. Tiny doses cause damage to the brain, gut, liver, bone marrow, nervous system and/or kidneys. Linked to autoimmune disorders, and neurological disorders like AUTISM.

Polysorbate 80 & 20 - Known to cause CANCER in animals and linked to numerous autoimmune issues and infertility.

Monosodium Glutamate (MSG) - A toxic chemical that is linked to birth defects, developmental delays, and infertility. Banned in Europe.^{xxi}

Aluminum is a known neurotoxin. Aluminum can be one of the causes of autism^{xxii}. Thimerosal can cause death, birth defects and learning disabilities^{xxiii}. Aluminum is a factor in Alzheimer's disease.^{xxiv}

"Aluminum has been shown to cause mitochondrial dysfunction and depletion of adenine-triphosphate, which sets the stage for virtually any chronic disease." ^{xxv}

The following chart shows the ingredients of just some of the current vaccines.

Child Vaccination Schedule and Ingredients

Vaccine	Ingredients
Adenovirus	monosodium glutamate, sucrose, D-mannose, D-fructose, dextrose, human serum albumin, potassium phosphate, plasdone C, anhydrous lactose, microcrystalline cellulose, polacrilin potassium, magnesium stearate, cellulose acetate phthalate, alcohol, acetone, castor oil, FD&C Yellow #6 aluminum lake dye
DTaP (Infanrix)	formaldehyde, aluminum hydroxide, sodium chloride, polysorbate 80 (Tween 80)
DTaP-IPV/Hib (Pentacel)	aluminum phosphate, polysorbate 80, sucrose, formaldehyde, glutaraldehyde, bovine serum albumin, 2-phenoxyethanol, neomycin, polymyxin B sulfate
Hep A (Vaqta)	amorphous aluminum hydroxyphosphate sulfate, non-viral protein, DNA, bovine albumin, formaldehyde, neomycin, sodium borate, sodium chloride, other process chemical residuals
Hep B (Engerix-B)	aluminum hydroxide, yeast protein, sodium chloride, disodium phosphate dihydrate, sodium dihydrogen phosphate dihydrate
Hib (PedvaxHIB)	amorphous aluminum hydroxyphosphate sulfate, sodium chloride
HPV (Gardasil 9)	amorphous aluminum hydroxyphosphate sulfate, sodium chloride, L-histidine, polysorbate 80, sodium borate, yeast protein
Influenza (Fluzone) Quadrivalent(c)	formaldehyde, egg protein, octylphenol ethoxylate (Triton X-100), sodium phosphate-buffered isotonic sodium chloride solution, thimerosal (multi-dose vials)
IPV (Ipol)	calf bovine serum albumin, 2-phenoxyethanol, formaldehyde, neomycin, streptomycin, polymyxin B, M-199 medium
MMRV (ProQuad) (Frozen: Recombinant Albumin)	MRC-5 cells including DNA and protein, sucrose, hydrolyzed gelatin, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate dibasic, recombinant human albumin, sodium bicarbonate, potassium phosphate monobasic, potassium chloride, potassium phosphate dibasic, neomycin, bovine calf serum, other buffer and media ingredients
Tdap (Adacel)	aluminum phosphate, formaldehyde, 2-phenoxyethanol, glutaraldehyde

Remember, your baby will get their first Hepatitis B vaccine at birth. So unless you fight like heck to decline, on day one of life, your baby gets their first aluminum dose of many more in the months ahead. If you get your yearly flu vaccine, you're getting a dose of amorphous aluminum hydroxyphosphate sulfate or maybe thimerosal (mercury), depending on which vaccine you get. Maybe you get both. The more vaccines one gets, the more poisonous antigens one gets, which translates to more tissue death and autoimmune disease.

Tissue injury? Autoimmune diseases? This is from a 2009 published study titled "Self-organized Criticality Theory of Autoimmunity".

*"Repeated immunization with antigen causes systemic autoimmunity in mice otherwise not prone to spontaneous autoimmune diseases. Overstimulation of CD4⁺ T cells led to the development of autoantibody-inducing CD4⁺ T (aiCD4⁺ T) cell which had undergone T cell receptor (TCR) revision and was capable of inducing autoantibodies. The aiCD4⁺ T cell was induced by de novo TCR revision but not by cross-reaction, and subsequently overstimulated CD8⁺ T cells, driving them to become antigen-specific cytotoxic T lymphocytes (CTL). These CTLs could be further matured by antigen cross-presentation, after which they caused **autoimmune tissue injury** akin to systemic lupus erythematosus (SLE)."xxvi*

This paper is saying that repeated exposure to antigens will cause autoimmunity which results in tissue damage. The role of tissue damage in sickness will be explained in much greater detail later in this book. Some of the common autoimmune diseases are rheumatoid arthritis, lupus, inflammatory bowel disease, Crohn's disease, multiple sclerosis, Type 1 diabetes, Guillain-Barre disease, psoriasis, eczema, Grave's disease, Hashimoto's thyroiditis, vitiligo, scleroderma, and vasculitis.^{xxvii}

The National Cancer Institute's definition of antigen:

"Any substance that causes the body to make an immune response against that substance. Antigens include toxins, chemicals, bacteria, viruses, or other substances that come from outside the body. Body tissues and cells, including cancer cells, also have antigens on them that can cause an immune response. These antigens can also be used as markers in laboratory tests to identify those tissues or cells." ^{xxviii}

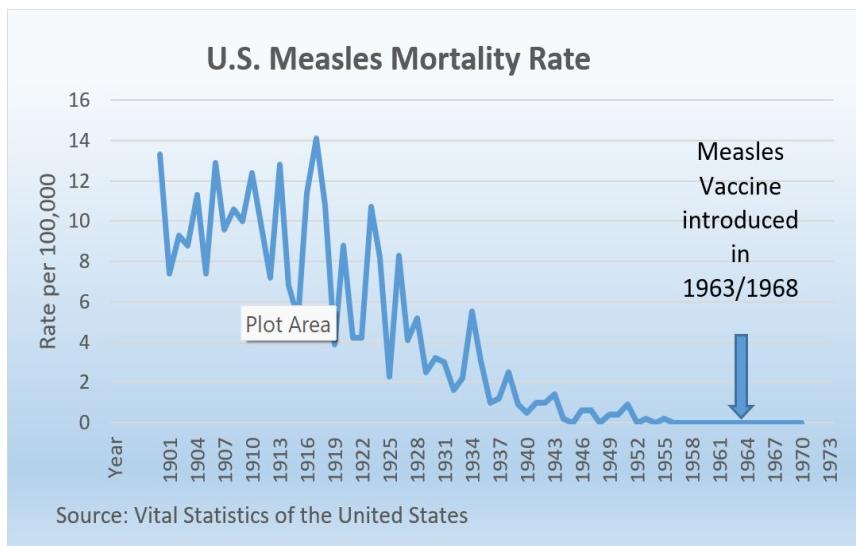
Viruses are theorized to be a type of antigen, and when they enter the body, the body will produce antibodies to fight these invaders. We have all been told that this is when sickness begins. This is the basis of *germ theory*. So if this is true, why do we need vaccines in the first place? If true, the body should react when the time is right. If the germ theory is true, you will only be exposed to a virus or antigen if you have close contact with a sick person. Virologists claim that disease transfers by droplets in coughs and sneezes, and other diseases by blood to blood contamination. Even if you believe what these virologists say, you can stay away from sick people and avoid sharing needles; there really should be nothing to worry about. If you're worried about being exposed to a "sick" person, your body is already designed to eliminate the antigen. This is when the fear comes in though. Fear can distort your decision making ability. The groups who promote germ theory are also the same groups who make these vaccines, profit from these vaccines, and mandate these vaccines. I am in no way belittling the feeling of fear. It is a real feeling. Nevertheless, when you look at the facts in the rest of this book, you will understand that your fear has been totally unnecessary.

Because of this fear of sickness, many are willing to get vaccinated. Most of us have already been injected with the childhood vaccines. If you are worried about the flu, you will get the yearly flu shot. Tetanus is recommended every five or ten years, for life. Many got two to three doses of the Covid-19 vaccine, and some

may have five or six doses already. The shingles vaccine is being pushed on older people. With every vaccine, your body is being bombarded with more antigens. The adjuvants, added to initiate an immune response, are antigens (poisons). From the autoimmunity paper on earlier in this chapter: the more exposure to antigens, the more likely you will have autoimmune diseases and tissue damage. I don't think it can get much clearer than that. Doctors will tell patients that they do not understand autoimmune diseases well. However, they do know that once you're diagnosed with one autoimmune disease, you're very likely to have another. Do you "catch" another disease? I would say a better explanation is that the more vaccines and toxins someone receives, the more likely he or she will have autoimmune diseases. This presents a dilemma though. Should you get all these vaccines to protect against scary, "deadly" viruses, but have a much greater chance of getting multiple autoimmune diseases? Or, on the other hand, opt for a greatly reduced chance of autoimmune disease but maybe increase risk of viral disease. By the time you finish this book, the answer to this question will be a no-brainer.

Chapter 3 - Diseases of the Past and Vaccine Effectiveness

Many people you know will probably say that “Sure, some children will have some health issues from vaccines, but child injury or death is a risk we need to take, so we can stop those dreaded diseases.” Is this true? Did vaccines eliminate these diseases? Let’s look at measles first. When I refer to “they”, I mean the doctors, scientists, virologists, Big Pharma, the CDC (which owns vaccine patents), and other organizations like the WHO and FDA. “They” are the ones who discover the alleged virus or illness, develop a vaccine or medicine, make money selling that vaccine and/or medicine, and can mandate those vaccines.

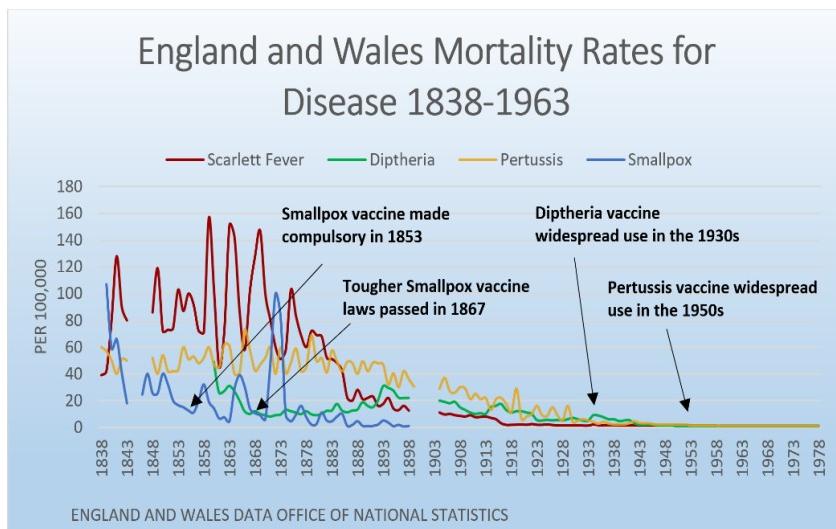


They say that measles was caused by a virus, and that the vaccine saved us all by making it go away. What do the facts say?

The chart above shows the U.S. measles mortality rate from 1900 until 1965. In the early 1900s, lots of people were dying from measles, but the cases were erratic. What caused it to go up and down? It wasn't vaccines. The peak in deaths was 1917, and then we see a steady and dramatic drop in mortality rate. By 1950, mortality rates were very close to ZERO. Down 97%! What caused this drop in cases? It was definitely NOT the vaccine because the vaccine didn't come out until 1963, years after the worst of the measles was over. The measles vaccine was totally unnecessary then and totally unnecessary now, yet they still want to give your child two doses of measles vaccine in 2023. No one needs to poison their child with this shot!

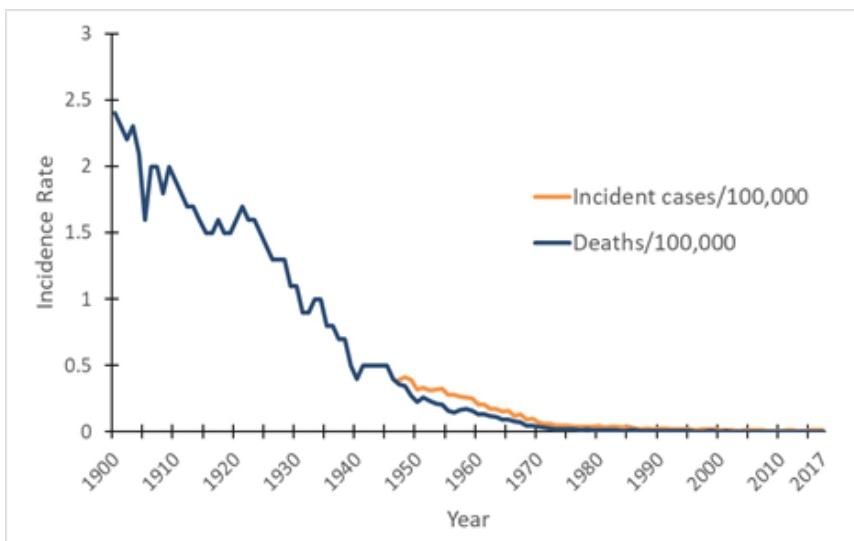
- Measles deaths were down 97% when the vaccine was released. Measles shot? Just say NO!

The 1800s were a time of great disease. Four common diseases were scarlet fever, whooping cough, diphtheria and smallpox. This chart below shows mortality rates for these diseases in England and Wales. The worst for all of these diseases was the mid-1800s. However, around 1872 to 1880, mortality rates for ALL of these diseases start declining rapidly without any vaccines (except for smallpox) being available.



Diphtheria data starts in 1860 where deaths peaked at close to 50 deaths per 100,000. When the diphtheria vaccine came out in the 1930s, diphtheria death rates were under 20, a decline of more than 50%. What caused the drop before the vaccine? Whooping cough, a.k.a pertussis, is represented by the orange line. Pertussis looks to peak close to 80 per 100,000 in 1865, then drops to almost zero by the 1950s, which is when the vaccine was released. Pertussis deaths dropped 99% before any vaccine was available! Why was the vaccine issued when pertussis was virtually over? Could it have been to make money? Scarlet fever, represented by the red line, shows horrible death rates from 1855 to 1874. Then a dramatic decline. No vaccine was **ever** developed. The virologists have no explanation for this. All these diseases would have fallen to zero without vaccines.

The chart below shows U.S. cases and deaths attributed to tetanus from 1900 to 2017. According to the CDC, tetanus is an infection caused by a bacterium called *Clostridium tetani*. Spores of tetanus bacteria are everywhere in the environment, including soil, dust, and manure.^{xxix}



Mortality and incidence rates of tetanus reported in the United States. 1900-2017

Chart from: <https://www.cdc.gov/vaccines/pubs/surv-manual/chpt16-tetanus.html>

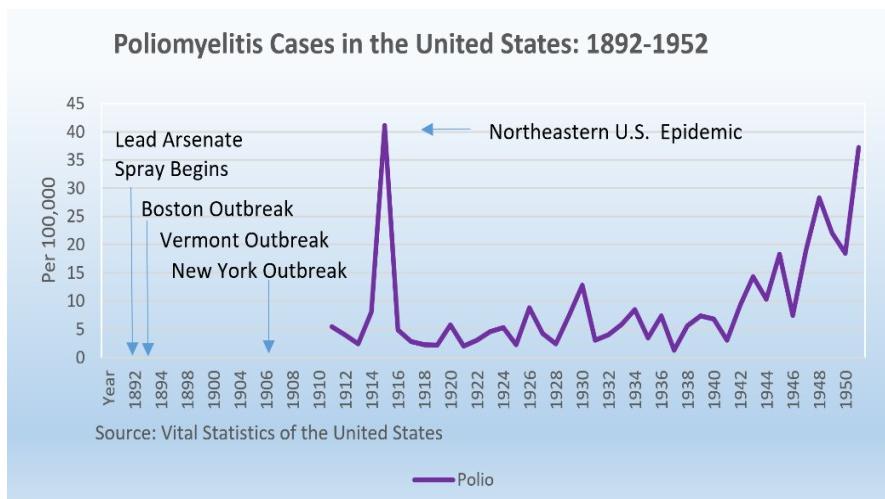
I remember getting a tetanus shot or two after stepping on a rusty nail. That's what the doctor told me to do, and I listened. If you believe the vaccine started the decline in tetanus deaths, when would you guess the vaccines were issued? Seems like 1900 would be a good guess. Wrong! The tetanus vaccine was invented in 1924, but wasn't in widespread use until 1940. This vaccine was added to the children's vaccine schedule in the late 1940s. By 1940, when the tetanus shot was more widely used, the tetanus death rate had already dropped from about 2.5 per 100,000 people to about .5. That's a drop of 80%. Just like the other "deadly" diseases of the past, tetanus deaths were trending down steeply, and would have dropped to nearly zero without any vaccine. We'll cover bacteria more in Chapter 5. The DTaP vaccine which is a combo of diphtheria, pertussis, and tetanus is still being recommended for your child. Again, it looks like no child needs any of these.

- Diphtheria mortality was down over 50% when the vaccine was released.
- Pertussis mortality was down 99% when the vaccine was released.
- Scarlet fever mortality was down 99+% WITHOUT any vaccine.
- Tetanus death rate was down 80% when the vaccine was released.
- DTaP vaccine? Just say NO!

Now let's look at polio. Many people around the world use polio as a great example of how vaccines saved our children. I mean, it is scary to think that an invisible virus floating around can potentially paralyze you or your children. I get it. The polio disease showed up in the early 1900s. Did a new virus just appear out of nowhere? Like the other diseases, did polio cases and deaths drop before the vaccine was invented? Could there have been some new chemical or toxin introduced into society at this time that made people ill?

Diseases of the Past and Vaccine Effectiveness

Lead arsenate was a pesticide introduced in 1892.^{xxx} It became widely used, commonly being sprayed on crops, vegetables and fruit trees. Arsenic and lead are very toxic to people and animals. The pesticide was extremely hard to wash off. It stayed on the food that people consumed. The chart below shows the ups and downs in polio cases until the mid-1940s when cases exploded. What was going on in the early 1900s to warrant the need for an extremely effective but very toxic pesticide?



Forrest Maready's The Moth in the Iron Lung is a fascinating read on the missteps that lead to the polio epidemic. The author follows the gypsy moth migration and use of these pesticides. The gypsy moth is not native to the Americas. In 1861, due to cotton shortages during the civil war, Etienne Leopold Trouvelot, began experimenting with the silk worm. Trouvelot was from France but settled in Medford, Massachusetts in 1855. Trouvelot claims to have raised a million silk worms on his five acre property. The caterpillars were kept from wandering off by large netting over the property. By 1866, Trouvelot decided he needed to make a better silk worm, as he was frustrated that birds regularly found their way under the netting and devoured the caterpillars. Trouvelot's plan

was to bring the gypsy moth, which was native to Europe, Asia, and Africa, to the United States. His goal was to cross breed the gypsy moth with the silkworm moths, to make a silk producing, but hardier species. The gypsy moth caterpillar is very hairy and not very appetizing to America's birds. The gypsy moth was brought to Trouvelot's five acre property in Medford in 1869. The gypsy moth had no natural predators in the United States and began devouring Trouvelot's five acres of oak trees. Once the oak trees were stripped, the gypsy moth caterpillars ventured out to find more food. In the early 1880s, Medford residents started finding caterpillars in unusual numbers around their homes. In 1889, Medford had a full scale gypsy moth invasion.



J. P. Dill describes the infestation of 1889:

"I do not exaggerate when I say that there was not a place on the outside of the house where you could put your hand without touching caterpillars. They crawled all over the roof and upon the fence and plank walks. We crushed them under foot on the walks. We went as little as possible out of the side door, which was on the side of the house next to the apple trees, because the caterpillars clustered so thickly on that side of the house. The front door was not quite so bad. We always tapped the screen doors when we opened them, and the monstrous great creatures would fall down, but in a minute or two would crawl up the width of the house

again. When the caterpillars were the thickest on the trees we could plainly hear the noise of their nibbling at night, when all was still. It sounded like pattering of very fine raindrops. If we walked under the trees we got nothing less than a shower bath of caterpillars.”^{xxxii}

In **1892**, lead arsenate pesticide was brought to the **Boston** suburb of Medford to battle this invasive gypsy moth. It also had the U.S. Department of Agriculture’s blessing, and for the first half of the 20th century, lead arsenate was the go-to pesticide for codling moths. However, the moths started developing resistance, driving growers to apply it in greater amounts.^{xxxiii}

In **1893**, **Boston** had a cluster of 26 polio cases.

In 1894, Vermont had 132 total polio cases, with 18 deaths.

This event was recognized as the first U.S. polio epidemic.

By 1907, approximately 2,500 cases of poliomyelitis were reported in New York City.^{xxxiv}

It seems there is a tremendous correlation with paralysis and arsenic. Polio shows up right after lead arsenate is sprayed following a gypsy moth invasion.

Has arsenic ever been shown to cause paralysis?

https://www.atsdr.cdc.gov/csem/arsenic/physiologic_effects.html

ATSDR, Agency for Toxic Substances and Disease Registry, a U.S. government agency, has a paper titled Physiologic Effects of Arsenic Exposure.

In the section titled Neurologic Effects:

*“Sensory effects, particularly painful dysesthesia, occur earlier and may predominate in moderate poisoning, whereas ascending weakness and **paralysis** may be evident in more severe poisoning.”*

The answer is yes, arsenic poisoning can cause paralysis.

To summarize:

This is a map of the northeastern part of the United States. The gypsy moth was introduced in Boston, Massachusetts in 1869. We don't know exactly when it escaped but since the females cannot fly, they spread very slowly. In **1892**,



lead arsenate was used in the **Boston** area to fight an overwhelming gypsy moth infestation. A cluster of polio cases appeared in **Boston** in **1893**. This is the exact place where the gypsy moth escaped. The gypsy moth devastates crops so an infestation would likely cause panic and an all-out attempt to stop the infestation. The next year, 1894, Vermont had what's called the first epidemic in the United States with 132 cases. Vermont and Massachusetts share a border. By 1907, approximately 2,500 polio cases were reported in New York. New York is adjacent to Vermont and Massachusetts.

The polio epidemic of 1916 really started causing fear and panic. This epidemic was concentrated in the upper northeastern states of New York, New Jersey, and Pennsylvania. Notice again, these states are all right next to each other and in the area where the gypsy moth escaped. It can be argued that where the gypsy moth went, toxic pesticides and then polio followed. In 1916, doctors could only diagnose the disease once paralysis appeared, but they could neither prevent it nor cure it. Doctors were puzzled over the cause of the epidemic. I'm puzzled how no one could make the connection to a toxic insecticide. Virologists "knew" polio was caused by a virus, but not how it was transmitted from person to person.

The fear of kids and adults dying from some mystery virus caused fear and irrational actions. Social distancing measures were put in place. Movie theaters were closed. Public gatherings were nonexistent. Children were told to avoid water fountains,

amusement parks, swimming pools, and beaches. Sound familiar? Were they told to avoid the farms or fresh crops? It's amazing that no one could put together that maybe, *just maybe*, these illnesses and deaths were caused by spraying a new, very toxic pesticide to eradicate a new insect species that was suddenly devouring the northeastern United States. Maybe someone did, but they were ridiculed for not being a scientist and called a "science denier". Why were the doctors and scientists "sure" it was a virus?

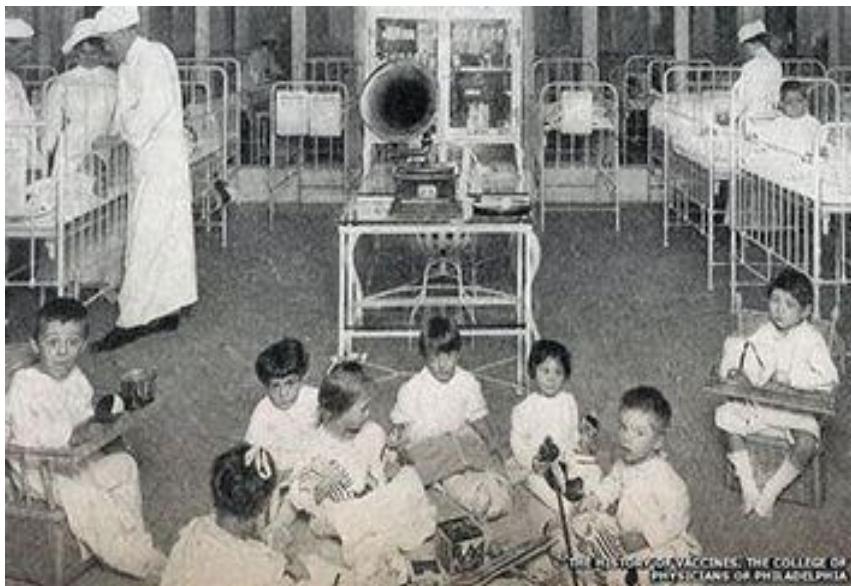
On December 18, 1908, Karl Landsteiner gave a talk in Vienna. He announced that he discovered the virus for polio. It's been said that polio spreads from contact with an infected person through food or water contaminated with feces. Therefore, what experiment did he perform? He took a sample from an inflamed spinal cord from a child recently deceased, ground it up in sterile water, and injected it into guinea pigs, rabbits, and mice. However, no animal became sick. He then injected samples into the abdomens of two monkeys. One died and one became paralyzed from the waist down.^{xxxiv} That's the proof. Does that convince you that polio can be spread person to person? I'm not sure when virologists and scientists first started using this animal mutilation method to prove contagion. Nothing of this sort happens in nature. How do this method and the outcome of these experiments prove anything? Virologists will report that sickness is transmitted by droplets through the air, or by close contact with another person; however, this method of contagion has never been proven. Ever! This will be covered in a later chapter where we will see that virologists usually resort to some type of serious mutilation of animals and unnatural methods to "prove" contagion.

After 1916, polio cases and deaths came down. For over 20 years though, until around 1940, Americans lived through a roller coaster of seasonal polio illnesses and deaths. Outbreaks usually happened in the summers.

"A polio epidemic appeared each summer in at least one part of the country, and major outbreaks became more frequent reaching their peak in 1952 in the USA, with 57,628 cases. Each summer was spent in fear of the disease.

And there were similar situations across the rest of North America and Europe."^{xxxv}

Why was polio a “summer” epidemic? How can a non-living virus take off for the winter? How can different parts of the country be affected at different rates? Virologists have no answer. It makes zero sense that a dangerous pathogen can act this way, if it exists in the first place. It does make perfect sense that a very toxic poison, sprayed on crops (usually in the summer), in different parts of the country, can affect the population this way. It stands to reason that the majority of cases were in the summer because that’s when the crops were sprayed for bugs— most importantly the gypsy moth. It’s when the **toxic lead-arsenic** based pesticides were sprayed. That’s when people would eat the fruits and veggies contaminated with this toxin. However, things were about to get much worse.



The front page of The Seattle Times from July 1, 1918, is shown. The top banner reads "THE ONLY PAPER IN SEATTLE THAT DARES TO FRONT THE NEWS". The main headline is "EPIDEMIC STRIKES 617 BABIES". Below it is a box for "TEXT OF NOTE". To the right is another box titled "SUGGESTS UNCLE SAM MEDIATE" and "HE ASKS FOR PEACE". A large circular portrait of Uncle Sam is in the center. To the right of the portrait is the headline "35 DEAD OF PARALYSIS IN 48 HOURS". Below that is a box for "New York City Is Terror Stricken; Parents Plan Flight for 50,000 Children". On the left side, there are several smaller headlines: "Washington Militiamen Enjoy Trip on Train; Play, Sing and Find Real Poet", "ORPET CALLS ON ALIENISTS", "CIVILIAN WORK CAMP", "CAPTURE MEX APPEL", "Miss Glass Interviews 'Cupid' and She Learns Leap Year Girls Are Shy", "CHICAGO WATCHES ALL NEWCOMERS", and "National Guard Back in 4 Months".

72,000 CATS KILLED IN PARALYSIS FEAR

S. P. C. A. Reports 8,000 Dogs
Also Destroyed in Society's
Lethal Chamber Since July 1.

ONE DAY'S RECORD OF 3,700

Rats and Mice Said to Carry Disease Germs, but Not Cats—Wang and His Pirate Band Sought.

**BAR ALL CHILDREN
FROM THE MOVIES
IN PARALYSIS WAR**

Health Order Applies to Persons of Less Than Sixteen Years.

POLICE FORBID 4TH FETES

Plans for 15 Celebrations Cancelled at Request of Dr. Emerson.

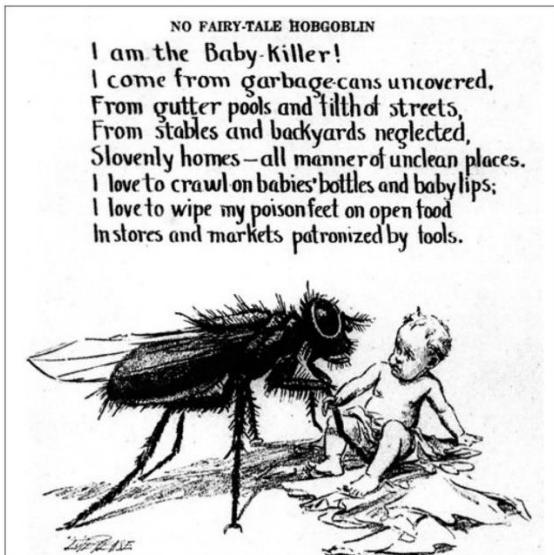
72 NEW CASES IN THE CITY

**Twenty-Three Deaths Occurred Here
Yesterday and Two Died
at Busan, N. Y.**

Newspaper clippings start the cycle of a new disease on the loose

Starting with the 1916 epidemic, polio made headlines nationwide. Pictures were published showing small children in hospital wards. Parents were worried about their children. Fear was

rampant. Children were told to stay indoors. Victims of the disease were quarantined in their home. Immigrant children, thought to be the source of the virus, were taken from their homes and brought to hospitals at the objections of their parents. The experts reported that polio was a very contagious virus that could be spread by animals and insects. Tens of thousands of cats were slaughtered out of fear they could spread the polio virus.



After all this, it was the fly that was chosen as the most likely culprit. Ads like the one here were plentiful. This ad was found in Newark Evening News, Monday, June 12, 1916. The fly was to be feared and exterminated at all costs. Why was this the case?

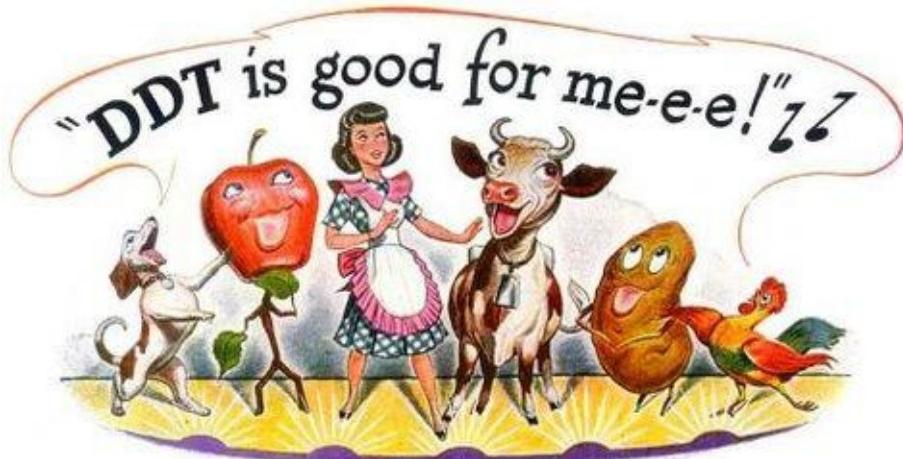
In 1941, virologists experimented with flies to prove contagion. It was *believed* that flies would pick up the virus after landing and feasting on contaminated feces and then could transfer that virus to food that humans ate. The experiment to prove this should be easy. Take infected feces, let flies land on it, and then let the flies land on food to be later consumed by monkeys or other animals. If the monkeys get polio, we have proven flies are the cause. What experiments were formulated by these scientists?

In one field trial, several species of flies—including M. domestica —were trapped in rural summer camps in Connecticut and Alabama, where a number of polio cases occurred. The flies were macerated or washed in sterile water and then the preparations were administered intraperitoneally and intranasally to two Old World cynomolgus monkeys, both of whom developed polio within a two-week incubation period. At necropsy, spinal cord lesions confirmed the diagnosis ([Paul et al. 1941](#)).

In another study, [Sabin and Ward \(1941b\)](#) captured flies from 16 urban sites in Cleveland and Atlanta during polio outbreaks. The Cleveland specimens (n=500, mostly M. domestica) were prepared and tested in a manner similar to that of Paul's experiments. Two cynomolgus monkeys developed polio, which was verified by the presence of spinal cord lesions. Identical results were obtained with Atlanta flies (95% M. domestica) in two additional monkeys.^{xxxvi}

Two teams of scientists did the same experiment and got the same results. It must be noted what this experiment entails. Similar to what Landsteiner did in 1908, these scientists injected a toxic soup of dead, decaying flies (and who knows what else) intraperitoneally. Intraperitoneally means that it's injected into the body cavity of a "healthy" test animal. This experiment is more proof that virologists will do whatever it takes to prove what they believe. This experiment was designed to prove flies caused polio. This form of transmission would never happen naturally. Does it prove that flies transmit polio? Could it have been the dead decaying flies injected into the body cavity that caused the monkeys to get sick? Studies like this caused the nation to fear flies and to try to wipe them out.

Enter DDT and the advertising blitz!



The great expectations held for DDT have been realized. During 1946, exhaustive scientific tests have shown that, when properly used, DDT kills a host of destructive insect pests, and is a benefactor of all humanity.

Pennsalt produces DDT and its products in all standard forms and is now

one of the country's largest producers of this amazing insecticide. Today, everyone can enjoy added comfort, health and safety through the insect-killing powers of Pennsalt DDT products . . . and DDT is only one of Pennsalt's many chemical products which benefit industry, farm and home.



GOOD FOR FRUITS—Bigger apples, juicier fruits that are free from mighty worms . . . all benefits resulting from DDT dusts and sprays.



GOOD FOR STEERS—Bred grows heavier nowadays . . . for it's a scientific fact that—compared to untreated cattle—beef-steers gain up to 50 pounds extra when protected from horn flies and many other pests with DDT insecticides.



KNOX FOR THE HOME—helps **Knox Out** to make healthier, more comfortable homes . . . protects your family from dangerous insect pests. Use Knox-Out DDT Powders and Sprays as directed . . . then watch the bugs "bite the dust!"



KNOX FOR DAIRIES—Up to 20% more milk . . . more butter . . . more cheese . . . tests prove greater milk production when dairy cows are protected from the annoyance of many insects with DDT insecticides like Knox-Out Stock and Barn Spray.



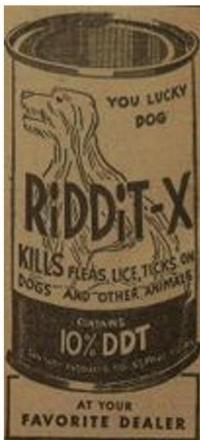
97 Years' Service to Industry • Farm • Home



GOOD FOR ROW CROPS—25 more barrels of potatoes per acre . . . actual DDT tests have shown crop increases like this! DDT dusts and sprays help truck farmers pass those gains along to you.



KNOX FOR INDUSTRY—Food processing plants, laundries, dry cleaning plants, hotels . . . dozens of industries gain effective bug control, more pleasant work conditions with Pennsalt DDT products.



PROTECT YOUR CHILDREN Against Disease-Carrying Insects!

No Flies on Me

THANKS TO DDT

Black Flag, long preferred by housewives everywhere for quickly killing flies and mosquitoes on contact, now does double duty. The amazing DDT ingredient now in Black Flag stays on the skin longer, so there's no need to kill flies for you! To keep flies off your skin, always use Black Flag safely and effectively in your home too. Only a well-known and reliable insecticide—ask for Black Flag.

5% DDT
In Black Flag Insect Spray
10% DDT
In Black Flag Powder
Ask for it by NAME

BLACK FLAG

Super quick Super strong Super

SHELLTOX
Deals Death Twofold

SHELLTOX

A woman is holding a bottle of Shelltox and a can of Shelltox. She is smiling and looking at the camera. The background is a light-colored wall.

**This Year's Most Powerful Fly Spray
IS LIQUID DDT KILL-COAT
'The 2-WAY SPRAY!'**

**YES SIR
2-WAY
BECAUSE**

- 2 MONTHS
KILLING FLIES
SPRAYED ON
SURFACES!
- A INSTANT
KILLING FLIES
SPRAYED ON
INSECTS!

SPRAY DDT
HILL-COAT
THE STAR-CHART POWER-FLY-SAY-SPRAY!

© 1947 Penn Salt Chemical Company, Inc., Newark, N.J.

Advertising DDT as safe and effective

In 1942, DDT, another very toxic pesticide, was introduced to kill insects. DDT was encouraged to be used "without reservation". Because it was thought at that time that polio could have been spread by flies, DDT was used with reckless abandon. DDT was sprayed in the home, in the school, on the street, on kids, on cows and other livestock. On the advertisement above, Penn Salt Chemical was encouraging use

directly on food products. When ingested, the body tries to sequester toxins in fat. That's where toxins can cause the least damage in the body. To protect the body, DDT was stored in fat. Cow and human milk, being made from this fat, contained large amounts of DDT. This is why so many babies and young children became ill. Many would apply DDT powder under their clothes. The medical experts said to spray DDT everywhere and people listened.



© Public Domain / mediadrumworld.com



The ad campaign for DDT was stunning. Ads bombarded newspapers touting its safety and effectiveness. DDT was imbedded in wallpapers to be installed in kid's rooms to keep flies away. Housewives were encouraged to use it liberally around the household. The message conveyed was that if you want to save your baby, you *must* use DDT. This would have been a good time NOT to listen to the authorities.

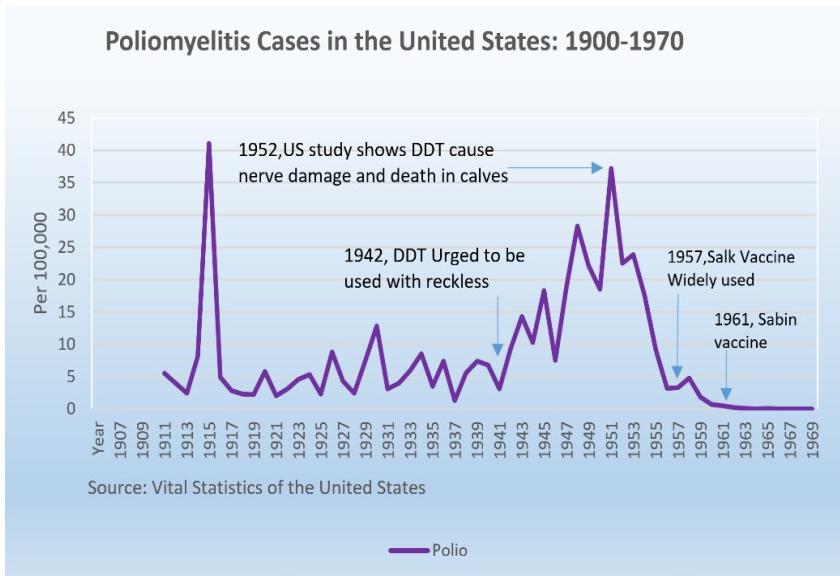
DDT was thought to be extremely safe. Kids were sprayed in the pool, on the beach, at school while eating lunch. In addition, livestock used for food was sprayed with DDT.

Did the war on flies cause a drop in polio infections?

*A fly abatement field trial during a minor polio outbreak in 1945 in Paterson, New Jersey, showed that a 75-90% reduction of the fly population **did not** modify the course of the epidemic.*

*An epidemic of paralytic polio raged in Hidalgo County in the Lower Rio Grande Valley in Texas from February to September 1948. The number of cases peaked in May. Public Health Service units sprayed DDT in the treated towns, and instituted a regular fly count schedule. Untreated towns (without DDT) followed the same fly count schedule. Fly populations were substantially lower in the treated towns. The results showed that community-wide fly control, which started early in the outbreak and continued throughout the epidemic, **failed to reduce the number of polio cases** in the treated towns compared to the untreated towns. In addition, fly control did not affect the time-course of the epidemic. A significant number of paralytic cases had a history of contact with a preceding paralytic case, indicating that person-to-person contact was the chief mechanism of poliovirus transfer ([Paffenbarger and Watt 1953](#)).^{xxxvii}*

Is this a good time to point out again, how wrong and dangerous it can be to listen to these virologists and mainstream scientists? Two teams did the same experiment consisting of injecting ground up dead flies into the body cavity of monkeys. They both thought they had solved the contagion mystery. At no point did they look at environmental toxins though. Because of these two groups, the United States went on a DDT rampage. These fly experiments occurred in 1941. Following the experiments, DDT was released and the campaign to eradicate flies was in full force. Refer to the graph below and find the year 1941, when the fly experiment occurred.



Now look at the death and misery that occurred following this horrible mistake by these scientists. Polio cases and deaths explode for eleven years. These scientists should have been charged with involuntary manslaughter. However, we were not so lucky. Albert Sabin, one of the scientists from the second fly experiment, goes on to eventually make the polio vaccine, which would injure and kill many more.

The fly theory was nullified with the fly abatement field trials described earlier, therefore, what was their new theory of polio contagion? This is what was said, "*A significant number of paralytic cases had a history of contact with a preceding paralytic case, indicating that person-to-person contact was the chief mechanism of poliovirus transfer.*" Now hold on a second. Did anyone do any successful experiment to prove this? No, they did not! This is another assumption. It's maddening that virologists try to prove their hypotheses, fail miserably, but then act like the hypothesis has been proven after all. Is it evilness? Is it hubris? Is it pride? I'm not sure, but virologists are responsible for significant injury and death over the years. People in close contact with each other were getting sick because they were all being sprayed with DDT. Where is the proof that it's not arsenic or DDT? Where's the proof it is a tiny, nonliving "virus" spread from person to person? There is zero proof. Virologists do one thing and say another. We are told that polio is spread from person to person, but the experiments they perform involve grinding up dead, decaying tissue and injecting that toxic soup into the brains or, in this case, the abdominal cavity of monkeys. This is, at best, bad science, and at worst, total fraud.

Finally, this horror is ending. In 1952, a U.S. study showed DDT in milk causes nerve damage and death in calves^{xxxviii}. This was confirmed by a Swiss team a year later. Cases of polio peaked in 1952. The Salk vaccine may have been introduced in 1955 but was suspended. It wasn't until 1957 that the polio vaccine was widely used; however, by then, polio cases had already dropped from 35 per 100,000 to less than 5 per 100,000. A drop of over 85%!

Cases had a small rebound until 1959, which was probably caused by the vaccine itself. The Sabin vaccine was released in 1961. Sabin is regarded as a hero today, but I think we know better now. Can anyone looking at this timeline really believe that either polio vaccine saved us? The vaccines were rolled out at the very end of the epidemic! If you are not ingesting lead arsenate or DDT pesticide, you should have no fear of getting polio and you should NOT expose your child to another toxic vaccine. Some children get polio symptoms (e.g., paralysis) after taking the polio vaccine. This

is called vaccine-derived polio instead of wild polio. Huh? That's right, the vaccine can cause paralysis. The Global Polio Eradication Initiative states on its website that, "*Vaccine-derived polio is increasing in recent years due to low immunization rates within communities.*"^{xxxix} Doesn't that seem like a contradiction? Do you believe that vaccine derived polio is increasing due to *less* people getting the polio vaccine? I wonder who funds this virtuous sounding organization. The Global Polio Eradication Initiative is a public-private partnership led by national governments with six partners – the World Health Organization (WHO), Rotary International, the U.S. Centers for Disease Control and Prevention (CDC), the United Nations Children's Fund (UNICEF), Bill & Melinda Gates Foundation and Gavi, the vaccine alliance. Its goal is to eradicate polio worldwide.^{xl} What would you do to eradicate polio worldwide? The first thing I would do is stop giving the dangerous polio vaccine that is definitely causing polio in some. That would save lots of misery, but also lots of money. Ahhh, money!! That's the key. Every one of these organizations makes money off of infectious disease response. Some are charities and are given money. The CDC and the Bill and Melinda Gates Foundation directly own and profit from vaccines. The news and social media sites are currently "fighting" misinformation. However, it's information like this book that is targeted. The real people pushing misinformation are the people who make billions from it. The misinformation and fear that these guys promote are to keep the population fearful and confused. It's designed to get you to keep quiet and get your shots. Polio was, and is, caused by toxins ingested into the body. It is NOT a viral disease!

- Polio cases were down 85% when the vaccine was released.
- Polio vaccine? Just say "NO!"

If it can be deduced that polio was caused by an external toxin introduced into the body, maybe we can look further at the other diseases of the past. As mentioned, measles, diphteria, pertussis, scarlet fever, and smallpox were very deadly. However, starting in

Diseases of the Past and Vaccine Effectiveness

the mid-1870s, disease rates started to plummet. By the late 1880s, most of these diseases were down well over 50%. This decline was definitely not from vaccines. Vaccines came much later. So, what happened in the 1880s to cause their decline? What could have caused these other diseases in the first place? Let's explore.

Chapter 4 – The Rise and Fall of Disease

The Industrial Revolution

“The Industrial Revolution was the transition to new manufacturing processes in Great Britain, continental Europe, and the United States that occurred during the period from around 1760 to about 1820–1840” -Wikipedia

Working Conditions

<https://factoryworkingconditions.com/history/working-conditions-during-the-1800s/>

Highlights:

- Factory conditions were remarkably poor and posed major risks to factory workers.
- Workers handled dangerous electrical equipment, fast-paced assembly lines, and endured heavy coal pollution, often without substantial instruction or safety precautions.
- The introduction of electrical grids led to increased dangers in factory conditions. Electricity was a novel commodity, and lacked the safety precautions and guidelines of today's technology. This led to many workers suffering severe burns and even fatal electrocution in extreme, but common, instances.
- Exhaustion worsened worker safety, as people operated heavy machinery and complicated processes with very little sleep. This led to people falling asleep on the job and facing severe injuries and even death. Children were not exempt from these expectations, and had to work

long hours in dangerous conditions. Many developed disabilities and physical deformities that they carried into adulthood.

- These factors led to hazardous conditions for workers, millions of whom were children. In the 1800s, employees worked 12-16 hour shifts per day with minimal breaks or rest days. Factories lacked proper ventilation, which resulted in heavy, long-term exposure to toxic chemicals and air pollution from the many chemical and metal processing plants.



Living Conditions <https://ushistoryscene.com/article/immigrants-cities-disease/>

Highlights:

- Towns grew into cities as industrialization sparked urban migration from rural communities in both the United States and Europe. The increased demand for cheap housing by urban migrants led to poorly built homes that inadequately provided for personal hygiene. Immigrant workers in the nineteenth century often lived in cramped tenement housing that regularly lacked basic amenities such as running water, ventilation, and toilets.

These working and living conditions describe the U.S., but they were similar in other countries. <https://www.historycrunch.com/living-conditions-in-industrial-towns.html#/>

"The Industrial Revolution began in Britain in the 1700s and had a profound impact on the world. One of the main impacts it had was how it changed life for working-class people. First, the workers were exposed to horrendous working conditions in the factories and mines that emerged in the early years of the revolution. These factories and mines were dangerous and unforgiving places to work in. The working conditions that working-class people faced were known to include: long hours of work (12-16 hour shifts), low wages that barely covered the cost of living, dangerous and dirty conditions and workplaces with little or no worker rights. The next issue that working people had to face was the equally horrible living conditions in industrial towns and cities. The living conditions in the cities and towns were miserable and characterized by: overcrowding, poor sanitation, spread of diseases, and pollution. As well, workers were paid low wages that barely allowed them to afford the cost of living associated with their rent and food."

The lack of sanitation also led to the spread of diseases. Since most homes did not have running water or sanitation, people resorted to dumping their filth and waste into the street. This made the streets of industrial towns incredibly dirty places to live but also allowed communicable disease to spread easily from one individual to another. Pits were sometimes established in communities to accommodate the building waste, and property owners would sometimes pay to remove the filth. However, often, much of the filth was emptied into the local rivers, making them horribly polluted." ^{xli}



Syracuse, NY – Shanties Back to an Open Sewer. (Charities-A Weekly Review of Local General Philanthropy, vol. VII, no.23, December 7, 1901, p.498)

"Pollution was one of the most recognizable aspects of industrial cities and towns. Not only were the streets and waterways heavily polluted with human waste and garbage, but the air was also heavily polluted. Throughout the 18th and 19th centuries, wealthy businessmen established countless factories and mines throughout Britain. These factories produced large amounts of air pollution from the burning of coal. Coal was easily the most used fuel during the Industrial Revolution, since it was needed to power the newly developed steam engines. However, coal is also known as a heavy air pollutant since when it is burned it sends small particles into the air. As a result, the numerous factories in the city centers caused the air quality to be horrible and gave industrial cities and towns a characteristic 'smog' that seemed to hover over them.

TOXINS! CHEMICALS! HEAVY AIR POLLUTION!

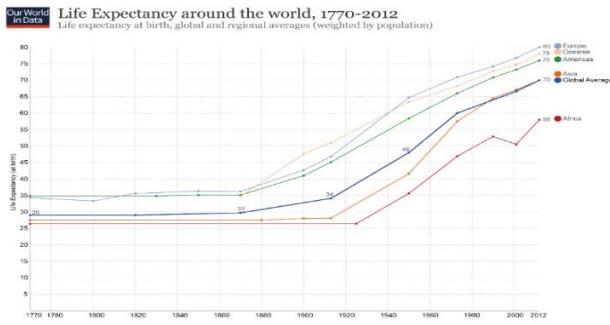
This is the cause of sickness. The cities were crowded, extremely dirty, and filled with polluted air from burning coal. Workers worked twelve to sixteen hour work days then walked home on overly crowded streets polluted with human and animal waste. More toxins. The homes had no

running water, toilets or ventilation. More toxic conditions. Families barely made enough money to live so their nutrition was extremely poor.



These pictures show the amount of pollution in these cities. Is it really that surprising that people were ill? The illness of the time was NOT caused by viruses or bacteria. Illness is caused by overloading the body with toxins.

In 1820, the global average life expectancy was in the 30s (chart below). Knowing how these people worked and lived shows you why it was so low. The obvious conclusion is that these horrible working and living conditions caused these illnesses. As with polio and lead arsenate, how did doctors and scientists not see the impact of living conditions as a contributing factor to any of these “diseases”? Why did they believe the culprit was a disease causing bacteria or a virus? This is another example of their incompetence.



Another ubiquitous poison, arsenic, was a part of everyone's lives in the 19th century.

From sciencehistory.org:

*In Victorian Britain, grocery stores sold tea, biscuits, sugar, flour, rice, and **arsenic**. Unregulated for much of the 19th century, arsenic was available to everyone, including the young and the murderous.*

*Wallpaper, beer, wine, sweets, wrapping paper, painted toys, sheep dip, insecticides, clothing, dead bodies, stuffed animals, hat ornaments, coal, and candles—all contained arsenic. There was even **arsenic in medicine** (often deliberately prescribed by doctors).*

Smelting and burning liberated elemental arsenic, which then combined with oxygen to produce arsenious acid or white arsenic (As_2O_3), now known as arsenic trioxide. This waste product was sold cheaply and found its way into myriad products: candle makers used it to create inexpensive tallow candles that burned as well as wax ones; housewives used it to poison vermin; doctors used it to maintain bodies for later dissection; and taxidermists used it to preserve specimens. Those who desired brilliant and permanent greens in their clothing, paints, and candy turned to such arsenical pigments as Scheele's green (copper arsenite). And, of course, men and women used it to get away with murder.

White arsenic—simply called arsenic—was the poisoner's first choice owing to its easy accessibility and its mimicry of the common gastrointestinal illnesses of the day, including cholera.

*Given in small quantities over a period of time, arsenic produced a **gradual decline in the health of the sufferer** and symptoms easily attributable to natural illnesses.*

And no one suspected that green dresses or green wallpaper might sicken and even kill until a doctor sounded the alarm in 1857.

Not until the 1880s, as the number of clinical histories mounted, did a consensus emerge: arsenic at any dose was unhealthy.^{xlii}

The impact that arsenic had on illnesses in the 1800s cannot be understated. On the chart in Chapter 3 showing England and Wales's sicknesses, it is shown that the early 1800s were a terrible time for sickness, disease and death. In addition to the horribly polluted working and living conditions, arsenic was prevalent everywhere. People were exposed to arsenic on a *daily* basis! It bears repeating, arsenic was in wallpaper, beer, candy, stuffed animals, toys, coal, and candles. Coal was burned for fuel, therefore, the air was polluted with arsenic. People were burning arsenic laden candles in their houses. Everyone burned candles as there was no electricity in homes. People were breathing polluted air in their own homes. Arsenic poisoning mimics gastrointestinal diseases like cholera. Maybe there is no cholera. Maybe it's just poisoning, but once again, the cholera bacteria are wrongly blamed. You will learn much more about bacteria in Chapter 6. The diseases of the 19th century were caused by poisoning (toxins) and arsenic played a big role. Smallpox deaths came down as arsenic was phased out. For more proof that arsenic was the culprit, let's look back to Boston. Boston was ground zero for polio. We now know it's because of spraying lead **arsenate** for the invasive gypsy moth. Boston began spraying arsenic in 1892, and in 1893, Boston had a polio outbreak. However, in 1901, both Boston and Cambridge were also hit with *smallpox* outbreaks. Smallpox shows up in Boston after using lead arsenate pesticide, just as it did in arsenic-heavy Wales and England. That is not a coincidence.

All the past diseases' symptoms include flu or cold like symptoms such as fever, aches, fatigue, and sore throats. Diphteria is like a cold with a sore throat, swollen glands and nasal discharge. Pertussis is like a cold, but with a more prominent cough. Scarlett

fever, measles, and smallpox all include flu like symptoms but also a rash of some sort. If someone was breathing arsenic from burning coal or burning arsenic candles in the home, the poison would eventually travel throughout the body – but the mouth, nose, throat, and lungs are the body's first choice to rid itself of toxins. Fever, coughing, mucus discharge, and swollen glands are just ways the body tries to get rid of the poisons. The liver, through the bile, also eliminates toxins but can get overwhelmed. The body will also use the skin to excrete toxic waste. Could these “diseases” just be symptoms from the body being overloaded with poisons and toxins? Yes!

These diseases start to decline sharply around 1875 into the 1880s without vaccines, except for a smallpox vaccine. In 1853, a smallpox vaccine was made compulsory and laws that are even more stringent were passed in 1867. In 1867 (*Referring again to the chart in Chapter 3*), when the law demanded everyone get the smallpox vaccine, deaths attributed to smallpox were 20 per 100,000. In 1870, after just three years of smallpox vaccinations, smallpox deaths hit 100 per 100,000. Wow! Edward Jenner developed the smallpox vaccine in 1798. Cowpox was thought to be related so, to make a vaccine, he used fresh oozing puss from milkmaids with sores on their hands.^{xliii} I cannot find what other ingredients he used, but with arsenic and mercury being common medicines used, I would imagine one or both were in the vaccine. We will cover exactly what puss is, but for now just know that puss is toxic waste that the body is trying to get rid of. Did injecting puss, arsenic and mercury have anything to do with the tremendous increase in deaths following the smallpox vaccine? After a 500% increase in deaths, who would call this a successful vaccination?

When you learn that this entire germ theory is based on faulty assumptions rather than science, you start to question everything. Arsenic was used throughout history as a poison— it's not new. In 370 BC, Hippocrates describes abdominal colic in miners of metals. Abdominal colic is a problem in the gut with stomach pain and diarrhea. Cholera, blamed on a bacteria, has the same symptoms.

Was cholera just an arsenic poisoning? Neither of these “diseases” are due to a virus or bacteria. It’s a poisoning.

“Arsenic is a substance that has been well known to both the “healer” and the “poisoner” throughout history. It is ubiquitous in our environment and it is a potent neurological and liver toxin as well as a lung, bladder and skin carcinogen. It was used throughout history as a potent poison to kill off kings and emperors and facilitate rich inheritances. Nero used it to murder his stepbrother, Britannicus, so as he might become Emperor of Rome.”^{xliv}

In Renaissance Europe, killing people with arsenic was common. Professional poisoners were paid to kill. In 17th century France, white arsenic was known as the inheritance powder. Arsenic has been known as a toxin for over 2,000 years. There's a well-known story in which Native Americans were given smallpox infected blankets by the colonists in America. As a result, Native Americans became very sick and many died. It seems there were a few smallpox outbreaks in the Native American population in the 18th and 19th century. I now question this entire story of smallpox. It was no secret that Native Americans did not appreciate the White Man expanding to the western territories. Much blood was shed on both sides. I now speculate that the Native Americans were directly poisoned, whether by arsenic powder in the blankets or some other methods. But it was not from some virus or bacteria. Much of the trade between colonists and Native Americans involved alcohol, which Native Americans eventually developed addictions to. With white arsenic being odorless and tasteless, this could have been a route used to poison the Native American tribes.

Poisons and toxins have been affecting humans for thousands of years. The first smelting of metals occurred in 5000 BC. The smelting process is a polluted and very toxic process. As our world became more advanced, more toxins were produced. All sickness can be explained by a poisoning of the body, just like Hippocrates

knew. Smallpox was just a disease of arsenic poisoning and malnutrition. When your body becomes toxic, vaccines cannot help. Actually, vaccines are just more toxins. Repeated vaccines mean more toxicity of the body and more pain and suffering.

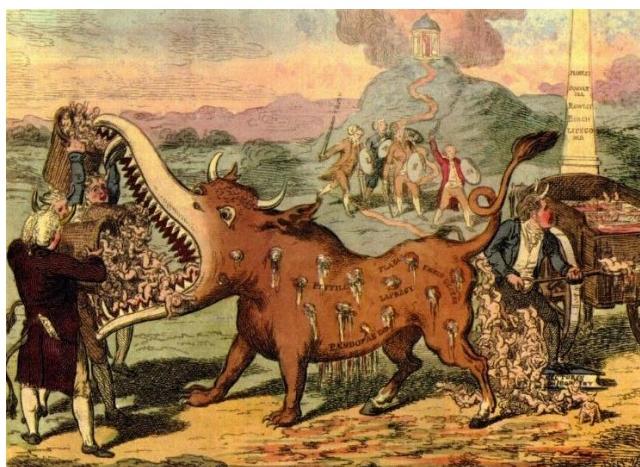
The following is from bbc.com:

<https://www.bbc.com/news/uk-england-leicestershire-50713991>

"The distrust of doctors and government that feeds the anti-vaccination movement might be seen as a modern phenomenon, but the roots of today's activism were put down well over a century ago.

In the late 19th Century, tens of thousands of people took to the streets in opposition to compulsory smallpox vaccinations. There were arrests, fines and people were even sent to jail.

Banners were brandished demanding "Repeal the Vaccination Acts, the curse of our nation" and vowing "Better a felon's cell than a poisoned babe". Copies of hated laws were burned in the streets and the effigy was lynched of the humble country doctor who was seen as to blame for the smallpox prevention programme."^{xlvi}



In this cartoon, vaccination was depicted as a diseased cow-like monster being fed children.

"In Britain, a succession of laws made vaccinations free, then compulsory - backed by fines and even imprisonment. While riots flared in some towns, there was also more restrained opposition in the form of anti-vaccination leagues.

This was a move into an area of people's private lives, their health, which had not been governed before.

The 1858 Medical Act brought in standards and registration but this was at a time when the majority of professionals still believed bad air - miasma - caused many illnesses.

Germ theory - that microscopic organisms invading the body can cause disease - was not widely accepted until the 1880s.

What is more, it took decades to realise vaccination failed to give lifelong immunity, while clumsy procedures could lead to secondary infections, such as syphilis, hepatitis and tuberculosis.

In March 1884, resident George Bamford told magistrates his three eldest children had been vaccinated. Two had been confined to bed for days and a third had died. For refusing to vaccinate his fourth child, he was ordered to pay 10 shillings - half the average weekly wage - or spend seven days in prison.

In 1898, a new Vaccination Act introduced a clause allowing people to opt out for moral reasons - the first time "conscientious objection" was recognised in UK law."^{xlvi}

Poor George Bamford had two very sick children and lost a child to this forced vaccination. Like we saw with Sabin and the fly experiment for polio, listening to these scientists can cause great suffering and death. How many children died because of these forced smallpox vaccinations will never be known. I think the inventor of the vaccine and the government bureaucrats mandating such a vaccine should have been charged with manslaughter. Do the smallpox vaccine mandates seem eerily similar to today's Covid-19 vaccine? Luckily, the Covid-19 vaccines weren't mandatory. However, with threats of not being able to travel and losing jobs,

many were pressured to get jabbed. Many young people have died directly because of these vaccinations (see VAERS), but we will never know the true numbers.

I find it interesting that in 1858, most medical professionals believed that “bad air” caused sickness. They were right. It was arsenic poisoned air. The germ theory was not widely accepted until 1880, after all the diseases started plummeting and before the vaccinations came out, except for the smallpox vaccine, which was a disaster. However, there is no money to be made in telling people to stop poisoning themselves and to live healthy. The lure of money to be made from vaccinations will distort the mind of some (usually the sociopaths). These scientists were also lured to be famous and win awards. You will see in the following chapters how these scientists manipulated the experiments to show a new virus was to blame for causing various illnesses. However, virologists have never been able to prove the existence of a virus. In addition, there are no studies proving sickness is contagious, and spread from person to person. Sickness is just the body’s way of dealing with toxins and poisons. All of the diseases of the past had very similar symptoms. The liver is the body’s primary detox organ. The skin is the second. Skin eruptions look gross and scary, but are just the body’s way of trying to rid itself of ingested poisons. Sickness may also be caused by some nutritional imbalances as well. We see in the chart in Chapter 3 that ALL of these diseases began to decline in 1875 -1880.

So what happened in the 1870s and 1880s to cause these diseases to decline drastically?

In 1857, a doctor sounded the alarm that green dresses and green wallpaper can kill you. Green dye was made from arsenic. People were becoming aware of the dangers of arsenic. However, it wasn’t until the 1880s that a consensus was formed that any amount of arsenic was harmful. In addition to people becoming arsenic free, the working and living conditions were greatly improved.

Regulated Working Conditions:

<https://factoryworkingconditions.com/history/working-conditions-during-the-1800s/>

Highlights:

- Frequent strikes and riots erupted over conditions. The British parliament passed the Factory Act of 1833.
- “This act helped significantly reduce child labor in the United Kingdom. While it had no bearing on labor laws in the United States and focused heavily on child labor, it slowly began to set a standard for American workers of all ages. Perhaps most significantly, this act introduced the concept of inspectors who enforced regulations and ensured policies were being followed.”
- By the mid-1800s, many labor unions existed but lacked negotiating power due to little recognition and minimal membership. This heavily influenced their ability to use collective bargaining to advocate for better rights.
- It wasn’t until 1881 that the Federation of Organized Trades and Labor Unions was formed, which later became the American Federation of Labor in 1886. Members of this organization called for nationwide requirements for:
 - Child labor laws and compulsory education
 - Legal recognition of unions
 - Establishment of an 8-hour workday
 - Factory and mining ventilation and inspections

Improved Living Conditions:

<https://www.brianwearplumbing.com/the-history-of-plumbing-in-the-united-states/>

“The first sewer pipes in the U.S. were made from hollowed out logs. However, with the advent of steam-powered water pumps, the pressure rose too high for wooden pipes and new

materials were necessary. The history of plumbing in America really begins in 1804 Philadelphia; the first city in the world to use cast iron pipes for its water and sewage system, and the first in the U.S. to build a citywide water works. In 1869, Chicago unveiled a feat of water and sewer engineering that surpassed that of Philadelphia's and was news around the world."

Does this information present a different perspective than what you've been told? It seems so simple, doesn't it? Cleaning up the air with proper ventilation, making the working environment safer, having normal working hours, getting proper rest and nutrition, cleaning up the home, stopping the arsenic poisoning, installing running water in the home, and adding sewage pipes to take away toxic waste will result in a healthier and non-sick population. This is exactly what happened in the 1870s and 1880s. The plumbers and sanitation workers should be thanked for making these horrible diseases disappear way before any vaccines were introduced. The medical establishment took credit for this feat but the facts show otherwise. Why would they do this? Could it be for fame and profit? You now know more about what causes disease than today's virologists. This is not hyperbole. You really do. They know better how to manipulate cells and stain cell particles. They use very expensive lab equipment and show very impressive colorful, scary spike protein pictures stating this or that. However, none of that is proof that bacteria and viruses cause disease.

It seems that if the poisons are removed then the disease goes away, with or without vaccines. To continue our critical thinking we now must ask ourselves; if the diseases of the past were caused by toxic conditions and poisons, why did people think bacteria or viruses caused sickness? Have the scientists ever proven that it was bacteria or viruses making people sick?

Chapter 5 - Have Virologists Proven Contagion?

So far, we have learned that vaccines had nothing to do with the decline in early diseases. Disease is just sickness caused by poisons and toxic environment, highlighted by the poor living and working conditions of the Industrial Revolution and the arsenic poisoning that caused polio. I think we're starting to get a clear picture. However, there's one big thought or experience that everyone uses as **proof** of germ theory:

"I went to a party and me and a couple of my friends got sick. That's all I need to prove viruses exist."

Well this is a theory, but not proof of anything. This belief is learned behavior from listening to years of propaganda from the scientists and Big Pharma companies. If what they said was true, it would be scary. Their theories are that anyone at any time could be exposed to a pathogenic particle and become sick, or even die. They've been pushing this theory for over 150 years. Have the virologists proven this theory of contagion? Let's see.

Louis Pasteur is known as the "Father of Germ Theory". In 1885, Pasteur worked with rabies and developed the rabies vaccine. What is rabies?

Rabies

"Rabies is a deadly disease caused by a virus that attacks the nervous system. The virus is secreted in saliva and is usually transmitted to people and animals by a bite from an infected animal. Less commonly, rabies can be transmitted when

saliva from a rabid animal comes in contact with an open cut on the skin or the eyes, nose, or mouth of a person or animal.^{xlvii}

So according to the scientists, the virus is in the saliva, and disease will spread if the saliva gets into a healthy animal by bite or open wound. To prove rabies is a dangerous and contagious virus then, infected saliva must be introduced into the blood, mouth, or eyes of a healthy animal. This should be an easy task. How did Pasteur prove contagion? What would your experiment look like? I would take some saliva from a rabid dog and get it in another dog's mouth or eyes. In addition, I'd take the "infected" saliva and inject it subcutaneously. This would be to simulate a bite. It has to be fluid to fluid as the above definition says. Did Pasteur conduct his experiment in this manner? Here's what he decided worked best:

Dr. Roux (Pasteur's assistant) "found that if he took brain material from a dog that had died of rabies and inoculated it directly onto the surface of the brain of a healthy dog, through a hole drilled into its skull, that the dog thus inoculated through its trephined skull, invariably displayed rabies symptoms within 3 weeks"^{xlviii}.

WOW! In layman's terms, brain matter from a dead dog was blended up and injected into the brain of another dog after drilling a hole in its head. This is in the late 1880s. What anesthesia was used? How much pain was the dog in? It took three weeks for symptoms to show up. Was the dog tied down to a bed for three weeks? It's no wonder this poor dog became ill. To me, this does not seem like good science, and does not prove contagion. It's animal cruelty. He mutilated many animals in the name of science, mostly dogs and rabbits, but usually with ground up brain and spinal cord matter from sick animals injected into other animals.

In his experiment, Pasteur did not prove contagion by saliva. He did prove drilling a hole in the skull of a dog or rabbit and injecting dead and decaying (toxic) tissue into the brain will result in sickness.

Appendix A contains a fascinating conversation with ChatGPT about Pasteur and rabies. Don't miss it.

To this day, there is no experiment showing that **only** saliva of an “assumed” rabid dog can infect another person or animal. The question remains, how does making a dog sick by injecting dead and dying diseased brain matter directly into the brain of another dog prove that little Johnny can get rabies from a bite of another dog? Here's a thought... When was rabies thought to be a problem? It was in the 1800s. Isn't this the same time when many other diseases were raging? Could it be that rabies was just the result of a sick animal from toxic living conditions? If people were malnourished, then surely, animals were even more malnourished. The dogs were likely being poisoned, just as people were, as explained in earlier chapters. Nevertheless, the pharmaceutical companies developed a rabies vaccine, then, probably with campaign contributions, got the backing of politicians and helped pass laws that mandated rabies vaccines in this country. Exposing our pets to the toxins in this vaccine has been a huge unnecessary mistake. Our pets are sicker, getting more cancer and heart disease, and living with some of the same autoimmune diseases that humans suffer from.^{xlix}

Polio

How do virologists think polio spreads? How was contagion proved?

From the CDC website: *Polio is very contagious. It lives in infected person's throat or intestines. It enters the body through the mouth. Polio is spread from contaminated feces*

or droplets from sneeze or cough. In addition, some people who don't have symptoms can still pass the virus.¹

They say that polio is very contagious, so it should be easy to prove transmission from a sick person to a healthy person or animal. It is said that polio passes from contaminated feces or droplets from sneezes and coughs. Therefore, it should be easy to take droplets from a polio-infected patient and show viral contagion.

Polio research occurred in the 1950s. I was hoping to find a virologist who did not perform animal mutilation like drilling holes in skulls, as we saw in the 1880s... The virologist that discovered the polio vaccine was Albert Sabin. Sabin has been praised as “the doctor who gave summer back to the children”. We covered the summer issue already. His vaccine is credited with saving thousands of children from this dreaded disease. However, the facts say that his vaccine came out after polio cases had dropped 90%.

Sabin: “It is true that in the **early years** of polio research some lines of inquiry eventually proved unsuccessful. An overreliance on a strain of the virus known as the MV strain that had become adapted to survive only in nervous tissue, and the fact that the Rhesus macaque, while a good model for many aspects of polio, cannot be infected through ingestion via the mouth^{li}”.

It seems as though Dr. Sabin did the exact experiment that a logical person would do. Prove infection by introducing “virus” matter into the mouth of a healthy animal. Mentioning the early years of this experiment tells us that this method was tried multiple times. It failed. That should be the end of the story, but they never stop, do they? It was explained that the Rhesus monkey cannot be infected through the mouth. At this point, they should have tried to infect a different animal... or maybe started to look at what toxins were in the environment. Dr. Sabin just “knew” there was a virus somewhere though. Sabin was one of the scientists who “proved” that the fly spread polio. No matter how many of his experiments

failed, he just needed to devise an experiment to prove what he already *knew*. So what did he do next?

He grew a monkey adapted strain of poliovirus in fragments of **human embryonic brain**. Then he joined forces with Frederick C. Robbins in attempt to grow the human Lansing strain of poliovirus in skin, muscle, and connective tissue removed from **human fetal arms and legs**^{lii}. What happened when the culture was ready? This toxic culture of human dead tissue was (once again) injected *directly into the brain* of test animals.

"Intracerebral inoculation of fluid from the cultures produced paralysis in mice and two rhesus monkeys"^{liii}.

Unbelievable isn't it? More drilling holes in the skulls of defenseless animals. This in no way proves contagion. Moreover, like rabies, no experiment exists that shows polio was spread by droplets in coughs and sneezes. None. This is another example of when virology should have been halted. The first part of Sabin's experiment proved that polio **CANNOT** transmit through the mouth by droplets. The second part proved that injecting dead and decaying (toxic) ground up tissue into the brains of animals can kill or paralyze them. The common theme between polio and rabies is injecting toxic dead decaying tissue into the brains of animals. This should have been the point to look for another factor in the polio disease. It is not stated if the monkeys were administered anesthesia or how they were caged and restrained, but we can assume that these animals were under considerable stress and fear, a factor in sickness. Just like with Pasteur and rabies, how does killing or paralyzing a monkey by injecting a toxic mess into the brain prove that anyone can get sick from someone's sneeze or cough? The answer is *it doesn't*. It does not prove anything. This experiment actually proves the opposite. The experiment proved that diseases **ARE NOT** contagious! Sabin manufactured a toxic brew of dead and sick brain tissue and/or dead tissue from fetal parts.

Did these scientists ever do an experiment and just inject dead decaying brain tissue from a “healthy” dog into another dog’s brain? No, they did not. This would have been called a control. All experiments need controls to “prove” it’s not the experiment itself getting these animals sick. What do you think would happen to your pet if someone drilled a hole in its skull and injected dead, decaying brain and spinal cord tissue in the brain? Whether that brain tissue was from a “sick” dog or non-sick dog, your dog would not be well. Virologists, even to this day, do not do proper control experiments. Scientists cannot show contagion in the way that they say contagion occurs. They then usually resort to some type of trauma, like drilling holes in skulls, and injecting toxic substances in the brain.

Influenza and Colds

One worthy experiment was conducted around the Spanish Flu in 1918-1919. Dr. Milton Rosenau was a Harvard Medical School professor. He supervised an experiment to determine how the Spanish Flu spread. In 1918, with help from the Public Health Service and the U.S. Navy, the experiment was conducted on Gallops Island (the quarantine station in Boston Harbor), and on Angel Island off the coast of San Francisco. In Boston Harbor, 100 volunteers from the navy received infected material as a spray in their nose and throats. *No one got sick.* More fluid from throats and noses of sick patients were then inoculated into the volunteers. *No one got sick.* Some volunteers received injections of blood from the influenza patients. *No one got sick.* Finally, thirteen of the volunteers were taken into the quarantine area and exposed to ten patients each. They were made to shake hands, talk closely with each other, and finally the patients coughed directly in the face of the volunteers. To stress the point, ten sick patients coughed in the face of each of the volunteers. **NO ONE GOT SICK.** The research off the coast of San Francisco continued into 1919 and broadened to include streptococcus. *No one got sick.* In a JAMA article, Rosenau wrote, “We entered the outbreak with a notion that we knew the cause of the disease, and were quite sure we knew how it was transmitted from person to person. Perhaps, if we have learned

anything, it is that we are not quite sure what we know about the disease."^{liv}

Why can't they say they do know more about the disease, namely that it does not spread like they thought? They don't, because that doesn't sell vaccines. **Rosenau's experiment PROVED that influenza DOES NOT transmit from person to person.**

Another human experiment on transmission of Influenza was conducted in 1919 by H.R. Wahl, George B. White, and H.W. Lyall.

https://www.jstor.org/stable/30082102?seq=1#metadata_info_tab_contents

It was noticed that Pfeiffer's bacillus is frequently found in mucus membranes of the respiratory tract and lungs of influenza patients. However, it was unknown the relation this bacteria played in influenza, as other organisms such as pneumococcus, diplococcus, pleomorphic streptococcus, micrococcus catarrhalis, etc. have also been frequently found in influenza patients. If these bacteria are all found on the scene of sickness, how can any single one be blamed? Does streptococcus cause strep throat? Does pneumococcus cause pneumonia? What role do bacteria play in sickness? This will be discussed in the next chapter.

Three experiments were performed to transmit the flu to healthy volunteers. Filtrates were made from lung tissue of a patient that died of influenza pneumonia. This filtrate was sprayed heavily in each nostril and nasopharynx of the volunteers. The result? **No one got sick.**

"No apparent clinical effect followed the use of the filtrates. No subjective symptoms were noted. The temperature curve was unchanged and the blood picture presented nothing unusual."^{lv}

Two other experiments produced the same results. *No sickness.* Read the Conclusion section of the paper. Filtrate from a patient deceased from "influenza pneumonia" that was applied into the nasal cavity "failed to call forth ANY abnormal symptoms." **In this**

study, the virologists proved that influenza is NOT transmitted via droplets into the nasal cavity. The study ended here. However, if this was an animal study, I have no doubt they would have carried on with drilling holes in skulls, or conducting other traumatic experiments on the animals.

In 1924, Robertson and Groves experimented with human inoculations of “coryza” (i.e., inflammation of the mucous membrane in the nose caused by a cold or hay fever).
https://www.jstor.org/stable/30083518?seq=1#metadata_info_tab_contents

Nasal secretions were collected from eleven patients suffering with coryza. After these secretions were diluted and passed through Berkeeld filter, they were sprayed into the nasal cavity of 100 volunteers. “The experiments presented NO convincing evidence indicative of a filter passing organism as the exciting factor in acute coryza.

This experiment proved that nasal secretions from a “sick” person DOES NOT cause sickness in another person.

Mind over Matter

Sometimes in these experiments on transmission, people do present symptoms of “sickness”. During the 1919 and 1920 flu epidemics, Schmidt et al., conducted experiments with colds and “grippe” (flu). He inoculated 196 people with nasal secretions from people with symptoms of a cold. In this group, 21 developed colds and 3 developed the flu. In the second group, he inoculated 84 people with respiratory tract secretions of people with symptoms of the flu. In this group, 4 developed colds and 5 developed the flu. In a control group, 43 people were inoculated with a saline mix which resulted in 8 people getting colds.^{lvi}

In group 1, with “cold” secretions, 11% developed colds, 1.5% developed the flu.

In group 2, with “flu” secretions, 4.70% developed colds, 5.9% developed the flu.

In group 3, with saline, 18.60% developed colds.

The very small percentage of people presenting with flu symptoms does not prove transmission. These people were not just in the same room together, the fluid from the sick people was actually sprayed directly into the nose and throat of the healthy test subjects. If sickness spreads this way, a much greater percentage should have gotten “sick”. The control group shows that more people got colds from the saline solution than the “sick” fluid. Fear and worry can cause the body to initiate “sickness” symptoms. This paper is proof.

Varicella (chickenpox)

In 1923, Thomas Rivers, M.D. and William Tillett, M.D. performed experiments on rabbits to prove transmission of chickenpox. <https://rupress.org/jem/article-pdf/38/6/673/1176592/673.pdf>

The paper references previous attempts to transmit chickenpox.

“Experimentation. Some attempts to transmit varicella to animals and to normal children have already been made. Salmon (6), Tyzzer (13), and Teissier, Gastinel, and Reilly (14) were unable to obtain a specific reaction on rabbits' corneas inoculated with fresh fluid from varicella vesicles. Swellengrebel (15) found cellular changes in rabbits' corneas inoculated with vesicle lymph, but these changes were not considered characteristic of chicken-pox. Bertarelli (16) and Gins (17), however, reported that, in rabbits' corneas inoculated with fresh vesicle lymph, cellular changes occurred which were specific for varicella and were not present in the controls. Levaditi (18) found Guanieri bodies in

rabbits' corneas inoculated either with vaccine virus or with varicella lymph. Park (19), Martin (20), and Tyzzer (13) were unable to transmit chicken-pox to monkeys. Hess and Unger (21) failed to produce varicella in normal children by inoculating them upon the mucous membranes of the nose and throat with vesicle lymph and material collected from the nose and throat of patients with chicken-pox, or by inoculating them intracutaneously, subcutaneously, or intravenously with fresh vesicle lymph."

In these experiments, Hess and Unger proved that chickenpox DOES NOT transmit from "infected" vesical material or throat swabs, to healthy children using various methods. Park, Martin, and Unger PROVED chickenpox COULD NOT be transmitted to monkeys.

The others experimented with inoculating fresh vesical fluid in rabbit's corneas. It is unclear what the method was to inoculate the eye. All noticed cellular changes. One group said the changes were specific to varicella, however, we have no details. In the real world, people are not injecting varicella contaminated scab juice into the eyes of kids. Using trauma and unnatural methods do not prove that a small child can get chickenpox from sitting next to someone. After each of these experiments, at least some attention should have been given to the search for a different reason kids get chickenpox. However, the excuse that these virologists gave for the past failures was that there is just not enough of the virus in the sores, or the virus is too weak. If the virus is too weak here, how can it spread naturally? What did Thomas Rivers do in his experiment? You guessed it... he broke out the drill.

Rivers assumed the virus was in the blood of sick people or animals. Similar to Pasteur, Rivers collected fresh blood and vesical fluid from patients with lesions and injected this into the brain of young rabbits. Only negative results were reported. So, even with this unnatural method, he failed. However, that didn't stop him. His

next attempt involved rabbit testicles. This is a summary of his next experiment:

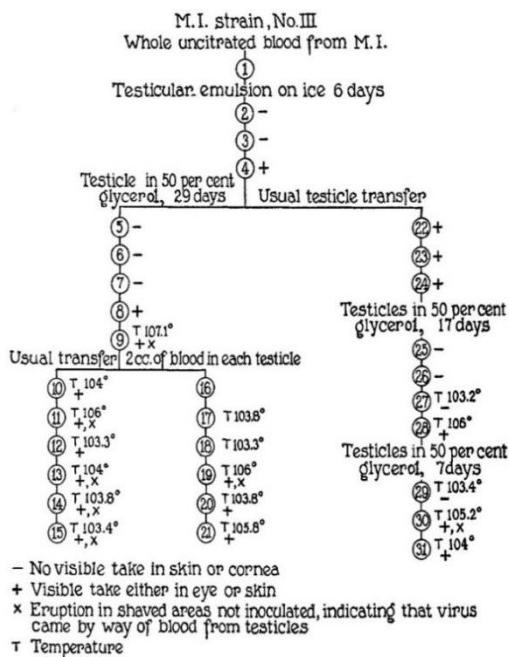
Blood was drawn from patients with chickenpox and 2cc was injected into the testicles of a normal rabbit. We'll call him rabbit 1. At the time of inoculation, the needle was moved around aggressively in the testicles to cause trauma. I have no idea why this extra trauma would be needed. Four days later, the testicles were removed, ground up, and mixed with sand and salt. We are not told why sand and salt are used. Then 1cc of this new solution was injected into the testicle of another rabbit (rabbit 2). In addition, two areas on the rabbit were shaved and scarified (cut with a knife). One area was smeared with this concoction, the other used as a control. One eye of the rabbit was also inoculated. Both corneas were scarified with a cataract knife (cocaine anesthesia was always used). One eye was rubbed with the concoction, the other eye just scarified and left alone as a control. Their control in this experiment is totally useless. For a valid control, an exact mixture should have been produced but without blood from chickenpox patients. Instead, blood from a non-infected person should have been injected into the rabbit's testicles, and then ground up with sand and salt. This mixture should have been rubbed onto the control area of the skin and the control eye. Just this mistake invalidates the entire experiment. Scientific method states that only one variable at a time should be changed. The one variable that virologists should change is an experiment with a "virus" and another experiment without a "virus". This entire experiment should have been repeated but with blood from a healthy subject. It seems virologists have not learned this basic tenant of science. I have not read one study where virologists change only one variable at a time. So what happened to rabbit 2?

Have Virologists Proven Contagion?

The rabbit showed little reaction other than what was expected from the trauma, so they ground rabbit 2's testicles and repeated the process to rabbit 3, and so on. To clarify, each rabbit had the previous rabbits ground up testicles, sand, salt mixture injected into their testicles. Rabbit 4 showed more severe than usual trauma. At this point, the experiment breaks into two branches.

Rabbit 4 had one testicle (before grinding) soaked in 50% glycerol for 29 days, then ground up and added to sand and salt. This was passed through rabbits 5, 6, 7, and 8 with each rabbit getting their balls cut off after having their turn at this traumatic experience. Rabbit 9 showed more visible trauma, higher temperature, but also, finally, eruption of vesicles in the area scarified but not rubbed with the testicle, sand, salt mixture. Is this proof of chicken pox contagion? What do you think?

The other branch of the experiment continued with rabbit 4's other testicle, not soaked in glycerol. The following three cycles showed only increased trauma. I guess Rivers was getting impatient with not transmitting chickenpox, so on branch B, rabbit 24 had his testicles soaked in 50% glycerol for 17 days. In the real world, are kids soaked in ethanol? Are virologists just trying whatever they can to affect the outcome? It sure seems like it. The cycle continues with rabbits 25, 26, 27, and 28. Rabbit 28 had his testicles soaked



TEXT-FIG. 1. Outline of the method pursued in the study of Virus III. Rabbit 9 was inoculated in the testicles in the usual manner. 5 days after the inoculation, however, the virus was recovered from the blood of this animal and demonstrated by testicular passages through several rabbits.

in 50% glycerol for 7 days. This branch goes on for three more cycles. Only rabbit 30 showed eruptions in the non-inoculated skin.

What was the final tally? Of the 31 rabbits sacrificed for this experiment, 7 showed these skin eruptions. Only 7! Does 22% prove beyond a shadow of a doubt that chickenpox is contagious? It doesn't matter, because this insane experiment is why our kids get a chickenpox vaccination.

Other important notes: Two types of lesions would appear from shaving alone. They called these nonspecific lesions. The lesions interpreted to be from the "virus", appeared 5-11 days after inoculation and disappeared rapidly. So, the dreaded disease showed symptoms of lesions, but then they quickly disappeared? This does not sound like an illness that requires a toxic vaccine that is full of risks. In the discussion section, Rivers' notes,

*"In working with material supposed to contain a virus which is invisible, or not recognizable, and about which practically nothing is known experimentally, one can easily be mistaken about the identity of the virus or even in regard to its presence. In spite of these difficulties we **feel warranted** in saying that a virus has been recovered from patients with varicella under the conditions outlined, and that the reactions observed in rabbits are more than the results of a nonspecific irritation."*^{vii}

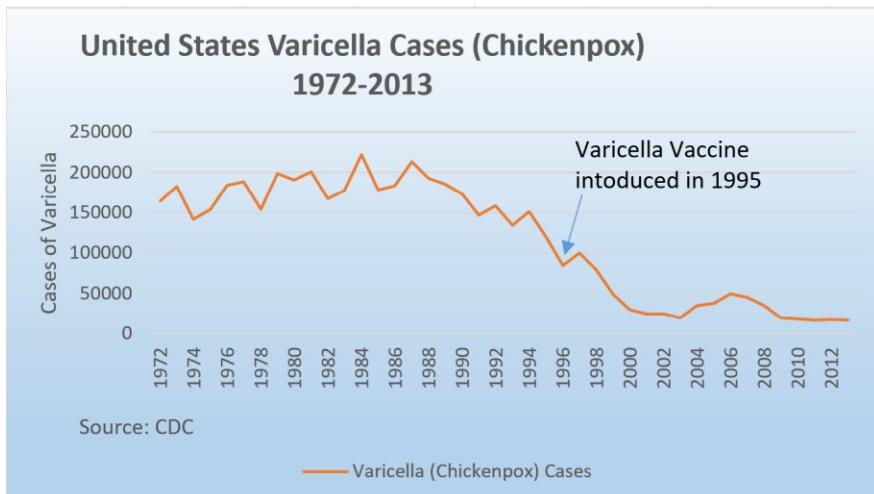
Rivers makes an assumption that it's the virus and not the "irritation". An assumption! In the beginning of this paper, Rivers comments on the few scientists trying to transmit chickenpox by using direct contact. Those experiments failed. **Therefore, it was proved that chickenpox does not transmit person to person.** I will ask again, why can the virologists not accept this? Rivers' experiment is another example of the virologists creating an experiment to fit the results that they want. This rabbit testicle grinding experiment is gruesome and extreme. Just shaving the rabbits caused lesions. Then the eyes and skin were scarified. Can you imagine the fear and trauma these rabbits went through? Fear

and stress are factors in sickness. Imagine grinding up dead dog tissue from the side the road, mixing it with sand and salt and injecting that into a person's testicles. That's essentially what they were doing. The testicles of each rabbit were getting more toxic with more dead, decaying, toxic tissue. When the body of a person or animal is injected with toxic material, it will try to find a way to excrete it. After the liver, the skin is the largest detox organ. The rabbits in this experiment were being poisoned. That's it. The body was just trying to expel the toxins via the skin.

Each cycle of grinding testicles would make that mixture more decayed. It's more toxic. In the first few cycles, little change occurs in the rabbits because the ground up tissue is still fairly new, so there's less cell death and less toxicity. Each rabbit's testicles are injected with a more toxic brew full of dead, decaying cells and overloaded with toxic puss. More cycles mean more dead, decaying tissue injected. The rabbits getting sick in this experiment are getting sick from **toxins**. Dead decaying tissue is toxic. Glycerol is toxic. Foreign protein injected is toxic. If the experiment consisted of just testicles, sand and salt, with no virus added, the rabbits would eventually get "sick" as well. But as usual, virologists do not do proper control experiments.

In addition, no lesions develop on the poor rabbits until they soaked the testicles in glycerol. How does Rivers know that it's not the glycerol causing the eruptions? What is the reason for the sand? We are not told. In science, we should change only one variable at a time. As usual with virologists, they changed many variables and valid controls were not done. The only difference in the control should have been blood from a healthy child, not a "sick" child. The control concoction should also have had a testicle soaked in glycerol, with sand and salt added. We also have no idea how injecting the sand and salt in the testicles affected these rabbits on their own. That's traumatic in itself. Bottom line, this experiment is another example of bad science and not proof that chickenpox spreads from kid to kid by droplets from sneezes and coughs.

This experiment of Rivers proves nothing, as this would not happen in nature. If the virus is in the blood, it should be easy to transmit by putting “infected” blood into the blood of another animal. If the virus is in the pustules, then that’s easy to prove as well, just by smearing “infected” pus onto the skin. **The fact is that no one has proven chickenpox is contagious in the way they say it’s contagious.**



What about the vaccine? Is the vaccine the reason less kids are getting chickenpox? No. Just like the other diseases, chickenpox started trending down sharply from around 1985 before the vaccine was released. What was going on from 1972 to 1985? It's unknown. Virologists are sure it's a “virus” so there's no one looking at any other causes. However, we know for sure that chickenpox does not spread from close contact and the vaccine did not help eliminate chickenpox.

Chapter 6 – Bacteria

Let's learn about bacteria. I will also include fungi since their role in the circle of life is related. Bacteria and fungi have been on this Earth far longer than humans. Actually, our bodies contain more bacterial cells than human cells. We are 43% human and 57% microorganisms^{lviii}. Our mitochondria, the powerhouses of cells and makers of ATP, have evolved from bacteria. You could say that the human body is one big walking colony of bacteria and fungi, and it's all the same colony – the same microorganisms in all of us. The entire Earth is covered with these microorganisms that are in and around all life forms. Bacteria may be 3.5 billion years old.^{lix} Fungi may be 1 billion years old.^{lx} These microorganisms didn't stop other life from developing, they are the *key* to the development of life. These organisms are in, on, and around ALL life on this planet. Bacteria and fungi are responsible for the Earth's biosphere. How?

Essentially, bacteria and fungi are nature's cleanup crew. We've all seen the dead dog on the side of the road that was hit by a car. Before that accident, Fido was merrily walking down the road. His little dog body is full of bacteria and fungi, just like us. He is more microorganism than canine, but he is not ill. Those germs are not eating or attacking his body. He's full of life. Boom! He is struck and killed by a car, but his body stays intact. It's not mutilated; however, Fido is no longer with us. The role of bacteria and fungi is to reduce dead matter and release the nutrients so they can be used again by other organisms. This is the circle of life. If Earth did not have these sanitation workers, i.e., bacteria and fungi, no life would exist. The Earth would have already turned into a toxic wasteland of dead tissue. Bacteria and fungi break down the dead tissue, releasing oxygen, nitrogen, and other nutrients that can be used by other organisms; either plants or animals.^{lxi} As Fido lays on the side of the road, his stomach starts to swell. This is from the process of

fermentation, in which bacteria and fungi break down tissue. The process of fermentation creates acidic by-products, just like in a carton of milk. This cleanup crew was already working in Fido's body cleaning up the cells that die every day. They didn't fly through the air and search out the dead dog. Again, THEY WERE ALREADY IN THE BODY, but were not causing disease. When Fido dies, these guys go into overdrive and multiply very fast. It can look like an out of control infection but they are only responding to the amount of dead tissue.

Another example is trees. Ever see a fungus take down a healthy tree? No. If that was the case, there would be zero trees on Earth. However, if that tree is cut down or dies by a lightning strike, the fungus that is already in, on, and around the tree will begin to break down that tissue.

It is known that hospitals are a dangerous place for infection. Hospitals indeed are dangerous but for a different reason. Hospital staff is constantly checking very ill patients' blood for these feared bacterial or fungal infections. It is believed that the most deadly, antibiotic-resistant germs are found in the hospital. Well guess what else is found in hospitals? Sick, dead, and dying people. Imagine an old person who is literally dying, or someone involved in a horrific fire or auto accident that has copious dead and damaged tissue. The body's cells and tissue are dying at a much faster rate than normal. The bacteria and fungi are already in and around the body. They are just doing the job of decomposing dead cells. Yes, they will multiply. It will look like an invasive infection, but they are only responding to the environment of dead tissue.

Germ Theory

The medical establishment defines germs as microscopic bacteria, viruses, fungi, and protozoa that can cause disease. That's the basis of germ theory. Germ theory says that one specific germ is responsible for one specific disease. If these bacteria and fungi that inhabit our bodies are germs that cause disease and death, there would be no life left on Earth. If bacteria and fungi attacked the

human body, they would have killed off humans many years ago. The fact is though, that bacteria and fungi do not attack living tissue. Simply put, bacteria and fungi are only breaking down dead tissue. The process releases nutrients back to the biosphere, but does create additional waste products of its own. The process creates toxic substances like alcohols and acids. Different bacteria in different circumstances produce different waste products. Some of these include lactic acid, ethanol, succinic acid, and acetic acid.^{lxii} We know that wine, beer and milk come from fermentation, but do we really understand what's going on? The bacteria and yeast are breaking down the dead, organic matter. Whenever organic matter dies, the clean-up crew will act. They are already there.

Let's look at milk. Milk is alive when taken from a cow, but as the cells in the milk die, the bacteria that are already in the milk will begin breaking it down through the process of fermentation. This process does create toxic substances, though. In a closed environment like a milk jug, these toxic substances have nowhere else to go. If fresh milk was poured on the ground, the same process would happen but toxic waste particles would not concentrate. They would disperse safely in the environment. Everyone has had a cold glass of milk. We can debate whether cow milk is good for human babies, but fresh human milk is totally necessary for them. Fresh milk is full of bacteria that cause no problem when there's no or very little dead tissue to decompose. Have that milk sit out for a few weeks and it becomes a very toxic drink that should not be consumed. Raw milk is not pasteurized, so it has much more active bacteria. If left out, the bacteria will be much quicker to act in the process of fermentation. I have had a great deal of raw goat milk and I've never got sick from it. Pasteurized milk is heated to kill most of the bacteria. If pasteurized milk is left out, it will still turn into a toxic drink but will just take longer for more bacteria to grow.

Terrain Theory

In a well-nourished, mineral-balanced, and non-toxic body, human cells, bacterial cells, and fungi cells live in peace and harmony. It's a symbiotic relationship. Everyone is happy. You can drink all the fresh raw milk that you want. This is the basis of terrain theory. The health of the body is the determinant factor in illness, not microbes. It's some sort of toxin, injury, or imbalance caused by food and lifestyle choices that cause cells to die thereby activating nature's clean-up crew. When organic matter dies, bacteria and fungi act. If the cells in your body have been poisoned and die, bacteria and fungi will start the process of decomposing those cells. Fermentation will occur and alcohol and acids will be released. Your body is like the jug of milk; it is a closed environment. When fermentation happens inside a live body, the body has to deal with not only the poisons you ingested but also the alcohol and increasing acidic conditions of fermentation. It will seem that the bacteria are causing the illness but the culprit is the dead and dying tissue. The bacteria were second to show up and are just breaking that tissue down. Cell death happens first.

Think of bacteria as the first to act. When someone cuts themselves, they are told to keep it clean or it will "get infected". The cut is an injury that has caused tissue death. The bacteria are already all around, and will immediately start to break down dead tissue. Bacteria are there to clean up, but again, may also produce waste products of their own. Keeping the cut clean entails washing and getting rid of the dead tissue which also gets rid of bacterial acidic waste. Many people cut themselves and do not keep the wound clean. The wound will still heal because the body will push out the dead tissue and the toxic matter. We've all had cuts that ooze. The ooze is the body's natural way of ridding itself of toxic matter. Another name for this ooze is puss. Sepsis happens when the body cannot get rid of this puss.

This is exactly what happens in puncture wounds. Stepping on a nail is thought to be very dangerous because the nail could have the tetanus bacteria. No, the bacteria are not the bad guys in this story. A puncture wound makes a pocket of dead tissue that is not

open to the outside environment. This becomes an area without oxygen. It's anaerobic. The bacteria that are already in your body start the fermentation process of breaking down dead and decaying tissue. In a regular cut, this dead tissue and bacterial waste can be excreted by oozing or with general cleaning. With a deep puncture, this waste material has nowhere to go. Left untreated, the puss will grow and the waste can cause more tissue damage and more toxins. In a closed environment, this toxic mess will cause even more tissue death and more fermentation. If left untreated, these toxins will make it to the bloodstream and worse symptoms will appear. The medical community says that the tetanus bacteria, that is found everywhere in nature, is to blame. They'll say that the tetanus bacteria can cause fever, back pain, muscle cramping, lock jaw, and even eventual death. I am not saying these symptoms do not exist. I'm saying they are not "caused" by tetanus bacteria. They are caused by tissue damage first, then by the toxins that the body is having a hard time getting rid of, which results in more tissue death and toxins and acidic waste entering the blood stream. Think about this. Doctors would have you believe that if you step on a rusty nail, you can get a nasty tetanus infection. However, if you take that same nail with the same tetanus bacteria and make a cut on your arm deep enough to bleed, but that is still exposed to the air, you will not have a bad tetanus infection. The doctors want to give you a tetanus vaccine. There is nothing to fear from the tetanus bacteria; all that is needed is to clean the puncture and make sure there is a path for the ooze (puss, toxic waste) to be released.

Rabies, which will be discussed more in the next chapter, is said to be a "virus" but is very similar. A bite is a puncture wound. No, you don't need three rabies vaccinations in your stomach, you just need to make sure the puncture wound is open to the air. A third example is tooth abscess and root canals. Teeth roots can die for a number of reasons. The first thing that happens is tissue death. Once again, the bacteria are already in us. They go to work doing what they do, but the dead, decaying tissue and the by-products of fermentation have nowhere to go. The doctors will say you caught an infection. No you didn't. You just have some tissue dying inside of you. That's it. The oral surgeon will give you antibiotics and drill

into the root to remove the dead tissue. All that's needed is to get rid of the dead tissue. If you search symptoms of tetanus, rabies, and abscessed teeth, many of the same symptoms are shown. These are pain, fever, muscle spasms, confusion, etc. Virologists will say that when the "virus" makes it to the bloodstream is when serious symptoms occur. No, it's not the bacteria or virus, it's the puss. If the toxic, decaying tissue, known as puss, makes it to your brain, you will surely become sick. If the dead tissue and toxins (bacteria waste) are not removed, it will result in more sepsis and eventual death. There are no separate diseases. It's all the same. The bacteria don't hate you. They're not out to get you. They are only concerned with breaking down the dead tissue and making that organic matter available for other organisms to thrive on.

When I was 17, my appendix ruptured. Was it from poison, stress or trauma? Who knows? The important thing to realize is that tissue damage happened first. I didn't catch a bacterial infection, the appendix tissue was dying and decaying without me knowing. The bacteria started fermenting, then the dead tissue and toxic waste spread. I woke with fever and bad pain, went to the doctor, got misdiagnosed with a stomach virus, and went home. I now know that the appendix burst in his office when he was examining me. My appendix and the dead tissue were being fermented causing more tissue damage. If fermentation happens in a closed system, like my body, this poison has nowhere to go. I was septic. I had fever, lethargy, and confusion. If the dead tissue was left inside me, I would have died. No amount of antibiotics would cure me. The only cure was to remove the dead tissue, which six days later they did. I was in the hospital for almost an entire month. I had the same symptoms of tetanus and rabies. Doctors believe that each disease has a different pathogen. This is not true. Disease in the body comes from dead tissue, which starts the fermenting process. Cells of the body die every day. The body can handle much of this waste before bacteria and fungi need to act. More toxins in your life will cause more tissue death. Too much tissue and cell death will start the fermenting process.

Bacteria are the first to act in smaller jobs, while fungi are needed for the bigger jobs. The cellulose of trees is broken down with fungus. A good friend of mine inoculates logs with fungi spores and grows mushrooms. It's a fascinating process. The fungi are decomposing the log, producing food (the mushrooms), and breaking down the tree's cellulose to be used by other organisms. At the end of a human's life, fungi are needed to break down the body. Bacteria alone will not do the job. This fungi will start this process even before the entire organism is dead. This is why sick and dying people get "fungal infections". It's not an infectious disease, it's the circle of life.

What about antibiotics and antifungals? Bacteria and fungi are crucial for life. When human existence ceases on this Earth, bacteria and fungi will live on. Bacteria and fungi promote life. Antibiotics are anti-life. Bacteria break down organic matter, but some can break down inorganic matter and heavy metals as well.

*"Metal toxicity is of great environmental concern because of their bioaccumulation and nonbiodegradability in nature [6, 7]. Several inorganic metals like magnesium (Mg), nickel (Ni), chromium (Cr³⁺), copper (Cu), calcium (Ca), manganese (Mn), and sodium (Na) as well as zinc (Zn) are vital elements needed in small quantity for metabolic and redox functions. Heavy metals such as aluminum (Al), lead (Pb), cadmium (Cd), gold (Au), mercury (Hg), and silver (Ag) do not have any biological role and are **toxic to living organisms**.*

*The uptake of heavy metals by microorganisms occurs via bioaccumulation which is an active process and/or through adsorption, which is a passive process. Several microorganisms like **bacteria, fungi, and algae** have been used to **clean up** heavy metal contaminated environments"^{lxiii}*

Bacteria are fascinating organisms. Some may also be able to metabolize the poison arsenic.^{lxiv} Bacteria also break down many pharmaceutical drugs in the gut.^{lxv}

Heavy metals are toxic to human cells. Arsenic and many other poisons are toxic. Alcohol is toxic. Acidic conditions in the body cause cell damage. Stepping on a nail, or causing internal tissue damage, can result in poisonous waste products from fermentation. The waste from bacteria doing their job of breaking down material is toxic. This all causes the body to become more acidic and result in "sickness" or detox symptoms. Acidic conditions of the body are to be avoided. More toxins bring more cell death, which brings more tissue breakdown, which results in a septic and acidic state in the body. Taking antibiotics will kill some of this bacteria which slows or even stops the process of detox. This can make someone feel better in the short term, but at what cost? The body, in its never-ending quest for homeostasis, will do what it can to survive. If the body cannot immediately rid itself of these toxic and damaged cells, it will sequester this mass where it causes less damage. If this acidic toxic mass of cells grows, it may one day turn into something much more deadly for the body, perhaps even cancer. Cancer can result from an acidic and toxic terrain which occurs when the body isn't allowed to detox. Antibiotics slow down the detox process which is getting rid of those heavy metals and toxins. Vaccines contain mercury, aluminum, and other toxic ingredients, and are just one of the contributing factors to toxemia.

Regrettably, my son had the childhood vaccines. As a baby and toddler, he had chronic ear infections. He seemed to always be on antibiotics. His adenoids were very swollen much of the time as a toddler. They were so swollen that it seemed to affect his swallowing. I now believe my son was vaccine injured. The lymphatic system is one of the body's systems to eliminate waste and toxins. The adenoids are part of the lymph system. My son's adenoids were swollen because he had been poisoned. The adenoids were trying to help detox. The adenoids were collecting the toxins to be eliminated. I had no idea at the time, but wonder if the adenoids were most swollen right after he received a vaccine. I suspect they were. Fluid build-up in the ear was another attempt of the body trying to get the toxins out by any means necessary. This was called an ear infection. Some kids get rashes after

vaccines. All of these symptoms are just the body's way of trying to eliminate toxins and heavy metals. In his pre-teen and teen years, my son would get strep throat every year. I was around my son all the time. Why didn't I get strep throat if it was a contagious bacteria? The answer is that it's not contagious. Bacteria are only responding to the terrain. My son's terrain was poisoned and damaged. The streptococcus bacteria were helping to rid the body of dying cells and detoxify the body. The poisons were being brought to the throat so the body could cough it out. Getting strep throat every year seems like some sort of cycle, doesn't it? A season? A season to detox. Maybe what we call the flu season? The flu is just the entire human population's cycle of detoxing the body. We'll discuss this more in later chapters.

Now let's shift our focus. Imagine you live in the highly polluted city of Wuhan China. Wuhan's air pollution is 10-15 times what the WHO recommends as safe levels.^{lxvi} This toxic air is made up of solid and gas particles from things like factories spewing chemicals in the air, as well as other pollution from mining, construction, agricultural practices using toxic chemicals, and coal-burning air pollution. Coal burning releases arsenic. Wuhan also has massive EMF pollution such as 5G frequency. You see where I'm going with this? Toxins and poisons! Live in that city for a while and breathe the air. The toxic mess in the air will undoubtedly cause lung problems, as it has throughout history. The lung cells will die at a greater rate, and guess what? Some bacteria will show up in greater numbers to recycle the dead lung tissue. Maybe this bacteria is tuberculosis. You go to the doctor because you feel sick (and haven't read this book yet). The clean-up or detox process is not easy for the body to handle. It comes with symptoms like fever, headaches, stomach pain, diarrhea, vomiting, etc. The doctor cultures your lung fluid, sees the TB bacteria, says you "caught" a bacterial infection, and gives you an antibiotic. The doctor says that the bacteria are causing your illness.

As we know, this is not true. The illness is a result of being in a polluted and toxic environment. If the doctor gives you antibiotics, you may feel better initially. However, the dead and acidic tissue

will remain and cause further and more serious problems such as cancer down the road. In a life or death situation though, where the body is so toxic that the clean-up process is further causing dangerous septic and acidic conditions, antibiotics might be a last life-saving resort. Regardless, the immediate goal should be to detox the poisons and toxins, and return the body to a PH balanced and non-toxic state. Does the doctor ever ask if you've been living and working in a polluted, toxic environment? No. However, it's not all their fault. They have only learned that one disease is caused from one germ. That's all they look for. They have been trained to not think outside the "germ" theory, and regrettably, they believe that each disease has its own vaccines and medicines to treat it.

The following quote is from the CDC.

<https://www.cdc.gov/tb/topic/basics/default.htm>

"Tuberculosis (TB) is caused by a bacterium called Mycobacterium tuberculosis. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated properly, TB disease can be fatal."

What the CDC is saying is that the TB bacteria are very deadly bacteria. Tuberculosis is a very deadly disease. Therefore, if you get exposed to TB bacteria, you will become ill. It could attack multiple organs throughout your body. Your life could be in jeopardy! You could die! Or... on the other hand, maybe your life is not in jeopardy because not everyone who gets the TB bacteria gets sick. WHAT?! What these doctors and scientist practice is at best, bad science, or at worst, fraud. They try to keep the public confused and scared just to keep you buying their medication and vaccines. A person can be sick with or without TB bacteria. In addition, a person can be well with or without TB bacteria. Our bodies are full of bacteria. They will travel around the body as needed to detox the dead cells from toxins. What makes more sense to you? What the CDC describes or

what is described here? Does the CDC have an explanation as to why some people get sick with TB, and some don't? My explanation answers that question. The TB bacteria will only multiply with dead and dying tissue, whether that tissue is dead lung cells or other dying cells from other organs. All that is required for health is to keep the body's toxin load low to not cause a bacterial or fungal clean-up crew. Just like the diseases of the past, we can add TB as a disease of toxic living conditions, not CAUSED by a bacterium.

Are you starting to see a trend? Search any other "bacterial" disease. You will find that most of the time these bacteria do not cause infection... but sometimes they do. Doctors and the CDC cannot explain why. A valid explanation is that it's not the bacteria, it's the toxins and the condition of the terrain. Terrain theory. All disease starts with dead and dying tissue. Dead tissue occurs with toxins, stress, trauma, and bad nutrition, which causes acidic conditions in the body. The bacteria are there to help get rid of dead tissue. It's that simple. But what about viruses?

Chapter 7 – Viruses

Viruses are another “germ” that Big Medical has gotten wrong. In the past, sickness was assumed to be caused by bacteria, and scientists would culture and isolate such bacteria from sick people. However, as we have seen, this is like blaming the firemen for causing fires. Seeing a crew of firemen at the scene does not mean they caused the fire. Sometimes though, no firemen were found at the scene. When the suspect bacteria could not be found in a sick person, it was then *assumed* that some other, smaller pathogen was causing disease. They called it a virus. The scientists never looked at the environment though. Their heads were down in the microscope looking at blood and tissue samples.

Before we get into what virologists do today, I’d like to circle back to the animal experiments to show “viral” transmission performed in the 1800s. After reading the previous two chapters on contagion and bacteria, do you have a different opinion as to what’s going on? Pasteur could not introduce rabies by injecting just saliva into another dog. He then ground up brains and spinal cord from one dog, and injected that mess into the brains of another dog after drilling a hole in its skull. All Pasteur did was inject dead, decaying tissue (puss) into a closed environment and start the fermenting process which, if bad enough, will cause more cell death, illness, sepsis, and death of the organism. Sabin could not show polio was contagious by transmitting “infected” saliva or feces into a healthy animal. He resorted to the same method of grinding up brain and spinal cord tissue and injecting that into the brains of monkeys. He did not show contagion. All Sabin did was inject dead, decaying tissue (puss) into a closed system and start the fermentation process. Rivers and others before him could not show that chickenpox was contagious by non-violent methods of saliva, scab fluid, etc. Rivers designed an elaborate rabbit experiment with, yes, injecting dead, decaying tissue into a closed system. In each cycle of

his experiments, the tissue contained more puss, which caused more fermentation and created more toxins. The rabbits became septic. No virus has ever been conclusively shown to transmit by saliva or from people being next to other people. All these gruesome animal experiments of the 1800s were just the process of giving animals septic bodies and starting the fermenting process. That's all they did. Pasteur experimented with the fermenting process, but with one completely wrong assumption. Pasteur assumed that the body was completely free of germs, and that microbes, in the fermenting process, came from the air.^{lxvii} Pasteur's rival, Antoine Béchamp, believed that microorganisms were the key to life and death, and were in and around all life. He called them microzyma.

*"Béchamp said that the process of cellular breakdown is mediated by **microzymian fermentation-even in a healthy body**. Though there is renewal happening as well, breakdown **fermentation (aging)** eventually takes over, greatly increasing in intensity upon death. When oxidative metabolism ceases and a body dies, **negative surface charges are lost and the terrain goes acid**. Microzymas respond to biochemical signals, the most important being pH. The condition of disease is a milieu which presents to the microzymas a premature biochemical signal that the organism is dead. They consequently change their function and evolve into forms capable of more vigorous fermentative breakdown-forms that reflect disease- what Béchamp called morbidly evolved microzymas. If the host pays no attention while it is still feasible to adjust, s/he will be recycled sooner than would otherwise be the case."*^{lxviii}

This quote sums things up beautifully. You might want to read this a few times. Béchamp is saying fermentation takes place constantly in the living body. "*When oxidative metabolism ceases and a body dies, negative surface charges are lost and the terrain goes acid.*" The body thrives with a negative charge. Lose the charge and the terrain (body) goes acidic. The most important

signal that microzymas use to signal fermentation is pH level. A more acidic environment means more fermentation and more “sickness”. In addition, if the host does not pay attention, they will be recycled sooner rather than later. Pasteur is considered the father of germ theory. Béchamp is considered the father of terrain theory. Béchamp has it right. All disease is the same. Disease starts out different in different parts of the body. However, if left untreated, by not removing the dead tissue, or not fixing an acidic terrain, all disease will eventually have the same symptoms and eventual death. There are no separate diseases. It's all fermentation, which could turn into sepsis. That's it. The CDC says that sepsis is your body's reaction to an infection, either viral or bacterial.^{lxix}

“What causes sepsis?”

Infections can put you or your loved one at risk for sepsis. When germs get into a person’s body, they can cause an infection. If you don’t stop that infection, it can cause sepsis. Bacterial infections cause most cases of sepsis. Sepsis can also be a result of other infections, including viral infections, such as COVID-19 or influenza, or fungal infections.”^{lxx}

Statements like this are meant to confuse and scare you, and are truly misinformation. “Germs” are already in our bodies. If this quote was true, humans would have died of sepsis thousands of years ago. Do you still believe sepsis is *caused* by bacteria and viruses? Or do you believe Béchamp, and that the microzyma already inside our bodies react to the terrain?

I hope that you are starting to put this together. I know deep indoctrination is hard to overcome. You've been told your entire life that viruses and bacteria spread disease. There's a yearly multi-billion dollar industry designed to fight these “germs”. What are all those virologists doing? I'll get to that, but here is the why... I, and many others, will tell you that to stay healthy, just don't cause excessive tissue and cell death in your body. Stop your body from

becoming acidic and toxic. That's it. End of story. Sure, you paid a couple of dollars to read this book but that advice is golden. That advice will allow you to live healthy with less fear and stress, well into old age. What does Big Pharma tell you? They will promote fear and worry. They will say that no matter what you do, you can "catch" an infection that can turn septic or you can "catch" Covid-19 and suffocate. They'll tell you to make sure you're up to date on all the vaccines, which causes toxicity of the body. If a child gets 100 vaccines by 18 years of age, how many will they have into adulthood? What kind of toxic soup is being built inside the human body when this advice is followed? How much money do pharmaceutical companies make from vaccines, cold and flu medicine, antibiotics, etc.? Hundreds of billions of dollars. That's per year. How many people are working in virology? Tens of thousands, maybe even hundreds of thousands. Who has the money to bombard the airwaves, television, and internet with ads? I don't. Vaccine manufacturers do. In 2021, Pfizer alone spent 2.8 billion dollars in advertising. They sponsor mainstream shows such as *Good Morning America*, *CNN Tonight*, and *60 Minutes*. You have been indoctrinated with a belief that is based on extremely faulty science and even outright lies. These lies have been occurring for 150+ years. My advice costs you nothing and results simply in you doing stuff to reduce harm to your body. Taking the advice of people like myself and naturopath doctors also means you don't spend any money on pharmacological products. No more vaccines, no more cold medicine, no more Nyquil, no more doctor visits for the "flu". It's time to embrace your detox events. When your body gets a little fever, just go with it. When you understand that fever and flu symptoms are just the body getting rid of some toxins and acidic cellular waste, sickness becomes bearable. Stopping the process only allows those toxins and acidic waste to burrow deeper into your body, causing further problems down the road.

Unfortunately, we are at this current stage in history. Virology should have ended soon after it started, when they couldn't prove contagion. So what are all those virologists doing anyway? They are devising methods to prove a stubbornly held, untrue belief that viruses exist and are the cause of disease. As we saw in the animal

experiments in the 1800s, when scientists proved contagion does not happen the way they hypothesized, they just changed the experiment. The experiments kept changing until an animal was killed or paralyzed. The only way to kill, or observe sickness in these poor animals, was to inject them with dead, decaying tissue. Like we saw in the polio years, spreading fear is the name of the game. Seeing people, especially children, get sick and die, while having the news bombarding the airwaves and newspapers that a deadly germ is loose, will definitely fill someone with terror and affect their beliefs. All throughout history though, there's been a few on the side saying, "no, it's not germs, it's the terrain." The most famous was Béchamp. Béchamp was saying that germs are not the cause of disease and keeping your terrain healthy is how to avoid sickness. Pasteur was saying that germs are killers and what's needed is to make and sell vaccines to kill them. Where do you think big pharmaceutical companies put their money?

Again, virologists throughout history have failed to prove "germs" as contagious. The experiments kept changing to make the "proof" they needed to sell vaccines. The electron microscope was invented in 1937. This fact and the fact that animal experiments failed to show contagion led scientists deeper into the lab. In 1954, John Enders was experimenting to discover a measles vaccine. Referring to the measles chart in Chapter 3, measles cases were epidemic in the early 1900s but then started significantly declining in 1918. By 1950, cases were minuscule. There was no need for a measles vaccine. The greed for fame and riches drives the development of new vaccines and medicines though. The inventors get rich and receive accolades and awards while being credited in scientific papers and history books. Enders did win a Nobel Prize in medicine. The lab method of virus isolation used today is basically the same method that Enders used when researching measles in 1954. Virologists use this method as proof that they have isolated a specific virus.

Viruses are explained to be smaller than bacteria and cannot be seen with a regular microscope, so processes had to be designed to find or isolate the virus. By 1954, the electron microscope, strong

enough to see these tiny particles, had been around for almost 20 years. It is said that measles spreads through droplets from coughs and sneezes. Could Enders use the electron microscope to view the measles virus in this fluid? No, Enders could not. If it spreads by these droplets, how could they not see the virus in the droplets? This is yet another time where virology should have halted.

In a patient said to be sick with SARS-CoV-2 or any other respiratory disease, no “virus” can be isolated **directly** from snot or sputum, either. The theory of contagion is that sick people cough and sneeze and each droplet contain millions of viruses. Yet they cannot centrifuge solely these droplets to “find” the virus. Let me repeat that. Virologists can never, and have never, isolated any “virus” by directly filtering the snot or sputum of Covid-19 patients. Moreover, they’ll admit that. Let’s look at other particles that *can* be isolated by filtering. *Bacteriophages* and *exosomes*, which are the same size as “viruses”, can be isolated by centrifugation. Let’s define these two and then look at viruses.

Bacteriophages: The current consensus is that a bacteriophage is a type of virus that infects bacteria. However, bacteriophages could just be a spore form of bacteria. Maybe we’ll discuss this in the next book. All bacteriophages are composed of **nucleic acid (DNA, RNA)** molecules that are surrounded by a **protein** structure.^{lxxi} Depending on where they are located, bacteriophages range in size from 30 to 110 nm.^{lxxii}

The isolation of bacteriophages for phage therapy is often presented as a straightforward exercise of mixing a phage-containing sample with host bacteria, followed by a simple removal of bacterial debris by **filtration and/or centrifugation** the next day.^{lxxiii}

Exosomes: “*Exosomes are a class of cell-derived extracellular vesicles and are typically 30-150 nm. Exosomes represent a novel mode of cell communication and contribute to a spectrum of biological processes in health and disease. Enveloped by a lipid*

bilayer, exosomes are released into the extracellular environment containing a complex cargo of contents derived from the original cell, including proteins, lipids, mRNA, miRNA and DNA.^{lxxiv} “One of the main mechanisms by which exosomes are thought to exert their effects is via the transfer of exosome-associated RNA to recipient cells, where they influence protein machinery. There is growing evidence to support this, such as the identification of intact and functional exosomal RNA in recipient cells and certain RNA-binding proteins have been identified as likely players in the transfer of RNA to target cells.”^{lxxv}

How are exosomes isolated?

“You can separate exosomes from other sample components via differential **centrifugation**. You do this by sequentially centrifuging your samples at increasing speed, in order to remove contaminants such as cells and cell debris. Finally, by **ultra-centrifuging** the resulting supernatant at high speeds, you pellet and purify the exosomes from contaminating soluble molecules such as free proteins and protein complexes.”^{lxxvi}

Virus: A virus is defined as any of a large group of submicroscopic infectious agents that are usually regarded as nonliving extremely complex molecules, which typically contain a **protein coat** surrounding an **RNA or DNA** core of genetic material.^{lxxvii} Viruses range in size from 20-400 nm.^{lxxviii}

Exosomes are released from the cell to be used in cell to cell communication. Isn’t it interesting that virologists believe that viruses come from the inside of a cell as well? Both have nucleic material at its core. Exosomes have a lipid bilayer. SARS-CoV-2 has a protein coat. Viruses and exosomes are considered nonliving. Viruses and exosomes can contain DNA and/or RNA. Exosomes and viruses are very similar. Exosomes are released from the cell, into the extracellular fluid, and can be isolated directly from the fluid by filtration. No other processes or amplification is needed. EXOSOMES CAN BE FOUND DIRECTLY IN THE EXTRACELLULAR FLUID.

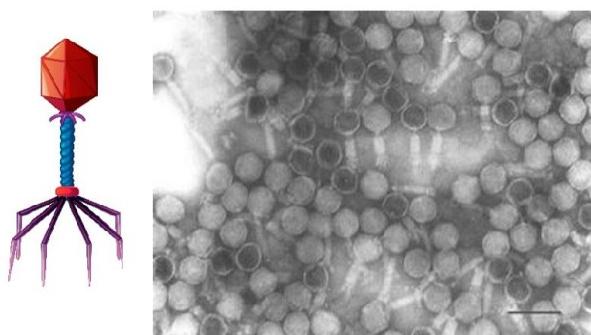
The theory of viruses explains that a virus will enter a cell, use the cell's own process to make copies of itself (the virus), then burst out of the cell into the extracellular fluid, exactly where exosomes are located. However, virologists cannot, and have never in all of history, isolated a virus *directly* in this fluid. EVER! This is another failed theory, but virologists just change the experiment. The public does not know these details. They think that virologists are smart, virtuous, and honest. Virologists would have you believe that they are in business just to help you. Many people think science is based on facts and proof; but to virologists, it is not. As we have already learned and will learn more, virologists will manipulate an experiment to get the results they want. Polio was said to be spread from person-to-person, but no experiment ever proved that. Was it just to get people scared enough to get vaccinated? Was it a fraud perpetrated so the pesticide makers could avoid prosecution? We will never know, but we do know that very questionable and fraudulent science has been perpetrated by virologists for over 80 years.

From childhood, it's been taught that coughing and sneezing of "sick" people spreads disease because each droplet contains millions of viral particles. Those particles are ingested by healthy people and the sickness spreads. A cough can contain up to 3,000 droplets. A sneeze can contain as many as 40,000 droplets.^{lxxix} A single sneeze can contain 200,000,000 viral particles.^{lxxx} Virologists have never isolated any respiratory viruses directly from any lung fluid or snot, so I'm not sure how exactly these numbers are derived in the first place. In any case, though, virologists say that millions of the viral particles are in those sneezes and coughs, and that it's through these droplets that the virus spreads from person to person. This is the reason that, for Covid-19, we had to shut down the world's economy, wear masks, social distance, arrest people for not complying, and mandate a toxic vaccine. If there are at least 200 million viruses in a sneeze, there should be no problem isolating the virus from this fluid without the introduction of any other foreign matter or processes. Billions of viral particles should be obtained if you take a bigger sample of snot and sputum.

Isolation of a Virus

Exosomes are released into the extracellular fluid. There are still plenty of exosomes inside the cells, but many exosomes are also out of the cell in the fluid at any given time. Again, the theory is that “viruses” enter the cell and use the cells machinery to duplicate itself (the virus). At some point, the cells die and break apart, releasing all the viruses into the extracellular fluid. The “viruses” should be in the same extracellular fluid as the exosomes. Many cells will remain intact and contain these so called “viruses”; however, any “virus” that has exploded out of the cell should be in the extracellular fluid. Exosomes and “viruses” are roughly the same size, and if “viruses” existed, they would be found right next to the exosomes.

Can the virologist use filtration or centrifugation to isolate the virus *directly* from the snot? The answer surprisingly is NO. THEY HAVE NEVER DONE IT THIS WAY. This is another example of what virologists tell us happens has never been proven. If you ask a virologist today about this, they will laugh and say you just don’t understand virology. They’ll tell you to take a virology course. I hate to keep calling virologists liars but I am dumbfounded about this fact. How can any honest, decent person not account for this? If they cannot isolate or find viruses in snot then sickness does not transmit this way. Virology is over. Vaccines are over. Mask mandates are over. The CDC is over. This very important fact is glossed over and ignored by virologists. Actually, virologists have proved, all through the 1800s, that sickness does not spread through droplets.



This image is a render of one bacteriophage (left) and isolated bacteriophages (right). Notice the uniformity of the particles. Specifically, it contains only bacteriophages. They are isolated.

What they call the SARS-CoV-2 particle is 100nm, so very similar in size to bacteriophages and exosomes.^{lxxxi} It should be easy to isolate viruses by just filtering “infected” sputum.

So what is the process that virologists use to isolate viruses? To this day, virologists follow the steps that John Enders invented in 1954. His first step was to **assume** the measles sickness was caused by a virus. The second step was to tailor an experiment to prove that assumption. Enders never considered what environmental toxins could be causing disease, he **assumed** it was a virus. Enders attempted numerous times to propagate measles in lower animals, namely monkeys. This was by methods that would happen naturally, like putting “infected” material in the mouth or nasal cavity of other animals. These experiments were “*often at variance or directly contradictory.*”^{lxxxii} This means that he was not successful in spreading this disease in this manner. However, he just “knew” it was a virus so he kept at it. There would be no money if he just quit. Enders developed the following process which is still used today. For a more detailed explanation of this process, refer to page 82 in The Truth About Contagion by Dr. Thomas Cowan and Sally Fallon Morell.

The following is a summary of the process still used today to “grow” and isolate viruses.

Collect infected fluid from a “sick” person: fluid which is **assumed** to contain the virus. Add that fluid to a culture of monkey kidney cells. Add fetal bovine serum as a nutrient for the cells, add streptomycin and amphotericin, both antibiotics/antifungals. Sometimes they add trypsin. Trypsin is a protein digesting enzyme. The virologists are looking for cytopathic effect. That is cell death of the monkey kidney cells which they **assume** was caused by the virus. The fetal bovine serum nutrient is then reduced. The cells do die, which the virologists **assume** were killed by the virus.

Let's pause here and analyze. Virologists' goals are to grow viruses in this monkey kidney cell culture. They say viruses are not living and need to take over a living cell in order for the virus to make copies of itself. The virus needs living cells in which to grow. A sneeze is said to have upwards of 200 million viruses already in living tissue. Shouldn't they be able to filter viruses from those droplets which are in a living body? If the accepted theory of virology is true, the human body is the best culture to grow these viruses. If germ theory is true, plenty of virus material should be found directly in the sputum or snot of sick people. It is not

Streptomycin and amphotericin are antibiotics that are added to the culture. These antibiotics are said to be added to kill bacteria, so the bacteria will not contaminate the culture. However, amphotericin and streptomycin are known kidney toxins.

Amphotericin B (LAmB) is a potent nephrotoxin that can lead to acute kidney injury (AKI) in 80-90% of patients who receive it. Symptoms of renal toxicity include vasoconstriction, reducing glomerular filtration rate, fever, phlebitis and tremors.^{lxxxiii}

The aminoglycoside antibiotic streptomycin is a known nephrotoxin in vivo and a common component of cell culture media.^{lxxxiv}

These are added to the culture of monkey kidney cells. Does this happen in nature? No. These antibiotics are added to reduce the confounding variables. That would be to reduce bacteria. So they *add* toxic ingredients to *reduce* confounding variables? Scientific method states ""observe a natural phenomenon". This is not observing. This is creating the phenomenon. I would suggest filtering out the viruses first. Virologists say they cannot do this though. I would then suggest filtering out the bacteria, which is possible. With no bacteria, there would be no reason to add kidney toxins to monkey kidney cells. Can any virologist since the 1850s see the problem with this process? They are looking for cell death

(cytopathic effect) to prove the virus exists. They settle on monkey kidney cells to culture the virus (still used today). Then they add two highly kidney-toxic antibiotics to this culture. These toxins are instrumental in monkey kidney cells breaking down. Other cell lines have been used but it was found that the monkey kidney cells were the best to grow viruses. Can you spot the problem? Maybe it could just be said that monkey *kidney* cells are the easiest to kill when adding *kidney-toxic* antibiotics. In the early years of virology, crazy as it may sound, cytopathic effect was the sole proof of a virus. This was a huge assumption. The virologists had an end in mind and would stop at nothing to prove that point. They use monkey kidney cells, add kidney toxins, and when the cells die, the virologists pat each other on the back for a job well done. Again, they are always looking for a “virus” and never looking at the toxins. It’s plain as day that the kidney toxins have a big role in the death of the monkey kidney cells.

Bovine serum is used as nutrients for the cell. This nutrient is eventually reduced. They feed and then starve the cell. If the kidney toxins didn’t kill the cell, surely being starved to death will. If this is the first time you’re reading this, I imagine you are shocked by how ridiculous virology is. It’s true that they do not follow the scientific method at all. Again, does any of what they do to these cells happen in nature? No. The cells in the body are constantly nourished, barring extreme circumstances. Again, this experiment is NOT what occurs in nature. It’s fabricated to get the result they want, which is cell death of the monkey kidney cells. Virologists just had to figure out how much of which toxins to add to the culture. The cells would die with just the kidney toxins added, and the nutrients withheld, whether or not any “viral” material was introduced into the culture. Actually, the cells would eventually die if just the nutrients were withheld. The toxins just speed up the process. In a control experiment, where no “viral” material is introduced to the monkey kidney cells, would the results be any different?

Enders actually did do this control experiment.

The result? This quote is from his paper in 1954:

"A second agent was obtained from an un-inoculated culture of monkey kidney cells. The cytopathic changes it induced in the unstained preparations could not be distinguished with confidence from the viruses isolated from measles."^{lxxxv}

I want to stress what you just read. Both cultures of infected and uninfected monkey kidney cells died! Both cultures produced the same results. In the culture **with** "viral" material from a sick person, the monkey kidney cells died. In the culture **without** "viral" material added, the monkey kidney cells died. This control study proved that monkey kidney cells die with or without "virus infected" material. If virologists practiced real science, the only conclusion would be that there is something else besides the virus killing the cells, most likely the kidney toxins. More experiments should have been done, such as not reducing the bovine serum, not using one of the kidney toxins, then not using the other kidney toxins, etc. If they did this, I have no doubt an honest scientist would have discovered that kidney toxins killed the monkey kidney cells. Toxins! However, they do not want to be wrong. There's too much prestige and money to be made with a great discovery. What fame would they enjoy if they reported that kidney toxins killed monkey kidney cells? This, once again, should have been the end of virology, but the only thing that happened is that no virologist ever did a control experiment like this again. However, they are still using this same monkey kidney cell culture.

A control is supposed to account for just one independent variable. That IV is the virus. The mock controls of today leave out the sputum or snot altogether. However, this sputum or snot from a non-sick person includes much more than just the assumed virus. It includes human cells, bacteria, fungi, and exosomes and other nanoparticles from each. Virologists are acting like all of the sputum is the independent variable. They are wrong. Only one variable is supposed to be changed in an experiment.

Let's see what the isolation process looks like today.

The following paper is named First "isolation" of a SARS-CoV-2 from clinical samples in India.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7366528/>

*"The clinical specimens of the 12 cases were used for infecting Vero CCL-81 which was maintained in Eagle's minimum essential medium (MEM; Gibco, UK) supplemented with **10 per cent fetal bovine serum (FBS)** (HiMedia, Mumbai), **penicillin** (100 U/ml) and **streptomycin** (100 mg/ml). Likewise, 100 µl was inoculated onto 24 well cell culture monolayers of Vero CCL-81, before growth medium was decanted. The cells were incubated for one hour at 37°C to allow virus adsorption, with rocking every 10 min for uniform virus distribution. After the incubation, the inoculum specimen was removed and the cells were washed with 1X phosphate-buffered saline (PBS). The MEM supplemented with **two per cent FBS** was added to each well. The cultures were incubated further in five per cent CO₂ incubator at 37°C and observed daily for CPEs under an inverted microscope."*^{lxvvi}

The clinical specimens were the nasal or throat swabs from assumed Covid-19 infections. This was added to Vero CCL-81 cells, which are monkey kidney cells. The culture medium (MEM) contains amino acids. For nutrition, fetal bovine serum was added at 10% concentration. The antibiotics penicillin and streptomycin were added. The cells were incubated for one hour. After, they were removed and washed in saline. More MEM was added, but this time the Fetal Bovine Serum was reduced to 2%. The cells are now starving. The cultures were intubated further in 5% CO₂ and then observed for CPE. (Cytopathic Effect/cell death).

Electron Microscopy(imaging)

At this point, after CPE is observed in a regular light microscope, the culture will be made ready for transmission electron microscopy.

From sciencelearn.org on preparing for electron microscopy:

"For TEM, samples must be cut into very thin cross-sections. This is to allow electrons to pass right through the sample. After being fixed and dehydrated, samples are embedded in hard resin to make them easier to cut. Then, an instrument called an ultramicrotome cuts the samples into ultra-thin slices (100 nm or thinner). TEM samples are also treated with heavy metals to increase the level of contrast in the final image. The parts of the sample that interact strongly with the metals show up as darker areas."^{lxxxvii}

In the steps to get a sample ready for electron microscopy, the cells need to be fixed. Fixation is the method of halting all metabolic processes in its tracks.^{lxxxviii} Glutaraldehyde or formaldehyde is used. The sample is then dehydrated, embedded in hard resin, cut into very thin slices, and then treated with heavy metals. What happens to a starved, poisoned culture of monkey kidney cells which are "fixed" with something like formaldehyde?

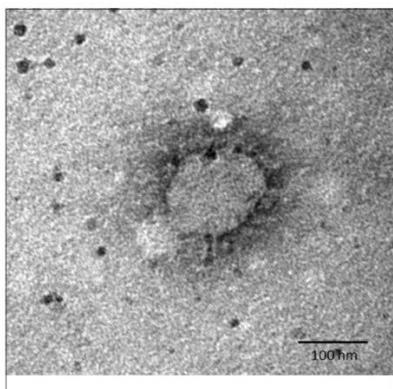
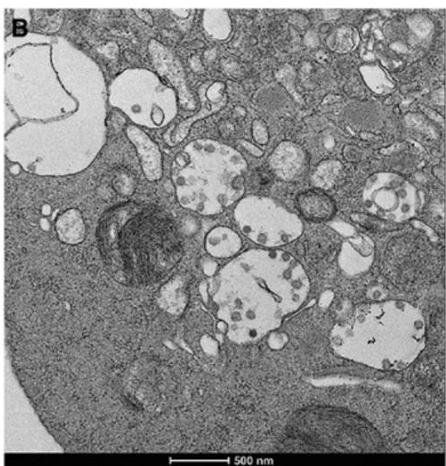


Fig. 3. Transmission electron microscopy imaging of SARS-CoV-2. A negative-stained SARS-CoV-2 viral particle, demonstrating spike morphology of glycoprotein along with peplomeric projections, a feature typical to the family *Coronaviridae*, is seen.

This image shows the result. Remember, this particle showed up in the monkey kidney cell culture after getting ready for electron microscopy. They say that's the SARS-CoV-2 particle. I have not seen an image like this directly from the sputum or snot of "sick" person.



This image is the electron microscopy from the Australian “isolation” paper. This is considered isolation of the “virus”.^{lxxxix}

Does this make any sense to you? Nothing is isolated. This culture includes starved and poisoned monkey kidney cells, human tissue from the “sick” person, bacteria and fungi that are being killed by antibiotics, fetal bovine serum, exosomes, other nanoparticles, and whatever dead particles and other by-products of dead, decaying material are sitting in a petri dish. When cells die, the fermentation process begins. This seems to be similar to the animal experiments in the 1800s. Introduce dead decaying material and poison to a closed system and claim success when the host dies. But what criteria do the virologists use to claim a virus? If a “virus” could be isolated before culturing, then maybe an animal experiment could show contagion. However, throughout history, no virus has ever proven to be contagious in the natural way they say contagion spreads. We’ll discuss the genome in a bit but the genome comes from this entire culture. Nothing is isolated before sequencing.

Why do they use monkey kidney cells?

Here a link to the paper: Isolation and characterization of SARS-CoV-2 from the first U.S. Covid-19 patient.

<https://www.biorxiv.org/content/10.1101/2020.03.02.972935v1.full>

Methods:

Nasopharyngeal (NP) and oropharyngeal (OP) swabs in 2 to 3 mL viral transport media were collected on day 3 post-symptom onset for molecular diagnosis, shipped on cold packs, extracted, used for molecular diagnostics, and frozen.

Vero CCL-81 cells were used for isolation and initial passage. **Vero E6, Vero CCL-81, HUH 7.0, 293T, A549, and EFKB3 cells** were cultured in Dulbecco's minimal essential medium (DMEM) supplemented with heat inactivated fetal bovine serum (5 or 10%) and anti/anti antibiotic (GIBCO). Both NP and OP swabs were used for virus isolation. For the isolation, limiting dilution, and passage 1 of the virus, 50 µl serum free DMEM was pipetted into columns 2-12 of a 96-well tissue culture plate. One-hundred µl clinical specimens were pipetted into column 1, and then serially diluted 2-fold across the plate. **Vero cells were trypsinized and resuspended in DMEM + 10% FBS + 2X Penicillin-Streptomycin + 2X antibiotic - antimycotic + 2 X amphotericin B at 2.5 × 10⁵ cells / ml.**

As research is initiated to study and respond to SARS-CoV-2, information about cell line tropism is needed. Therefore, we examined the capacity of SARS-CoV-2 to infect and replicate in several common primate and human cell lines, including **human adenocarcinoma cells (A549)**, **human liver cells (HUH7.0)**, and **human embryonic kidney cells (HEK-293T)**, in addition to **Vero E6** and **Vero CCL81**. We also examined an available big brown bat kidney cell line (**EFK3B**) for SARS-CoV-2 replication capacity. Each cell line was inoculated with at high MOI and examined 24 hours post infection (**Figure 3A**). No cytopathic effect was observed in

any of the cell lines except in Vero cells which grew to $>10^7$ PFU at 24 hours post infection. In contrast, both HUH7.0 and 293T cells showed only modest viral replication and A549 cells were incompatible with SARS-CoV-2 infection. These results are consistent with previous susceptibility findings for SARS-CoV(15). In addition, SARS-CoV-2 failed to replicate in the bat EFK3B cells which are susceptible to MERS-CoV.

In this study, Vero cells were used along with a few other types of cells for “growing viruses”. As you can read, they used the usual minimal essential medium (MEM) with fetal bovine serum and antibiotics. GIBCO antibiotics are actually Penicillin, Streptomycin and Amphotericin B.^{xc} Look at the last sentence of the second paragraph. Vero cells were re-suspended in MEM, and they **doubled** the kidney-toxic antibiotics. Why?

Paragraph three will tell you why they use only Vero (monkey kidney) cells. *“No cytopathic effect was observed in any of the cell lines except Vero cells.”*

What will happen to monkey kidney cells if they are bombarded with kidney toxins? Yes, they will get sick and die. Tissue and cell death happen first. This is yet another example of virologists manipulating the experiment to get to the desired result of cytopathic effect. Again, this same experiment has been done since 1954. This experiment is specifically designed to kill monkey kidney cells.

Why is trypsin used?

Here's a link to a paper titled: Isolation and rapid sharing of the 2019 novel coronavirus (SARS-CoV-2) from the first patient diagnosed with Covid-19 in Australia.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7228321/>

Found in the section: GROWTH, VISUALIZATION, AND GLOBAL SHARING OF SARS-COV-2 VIRUS.

*“Following several **failures** to recover virions with the characteristic fringe of surface spike proteins, it was found*

that adding trypsin to the cell culture medium immediately improved virion morphology.“

Trypsin is a protein digesting enzyme. If you add a protein digesting enzyme to particles with a protein coat, what will happen? The protein coat will dissolve, of course, and maybe cell material will protrude to look like a corona. Again, the virologists are not observing a natural process, they are creating the results that they want to show. As shown throughout history, and in their own scientific papers today, virologists adjust whatever variables need adjusting. They constantly introduce multiple variables in their experiments. They will do anything to get to the desired endpoint. The virologist wanted spike looking particles so they had to add trypsin to accomplish this. The virologists will tell you trypsin is added just to get the cells unstuck from the plate. It doesn't matter what they say though. Things don't work differently in virology world. Trypsin is a protein digesting enzyme. The paper speaks for itself. There were *several* failed attempts to recover virions until they added trypsin.

What relation do kidneys have with Covid-19?

Here's a link to a paper titled: Kidney disease is associated with in-hospital death of patients with Covid-19:

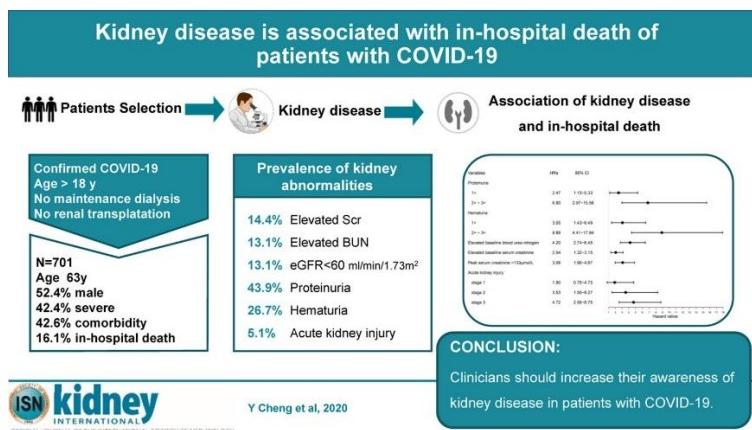
[https://www.kidney-international.org/article/S0085-2538\(20\)30255-6/fulltext](https://www.kidney-international.org/article/S0085-2538(20)30255-6/fulltext)

A correlation was noticed between kidney disease and Covid-19. This Chinese study was done in March of 2020, early in the Covid-19 pandemic.

*“In this large prospective cohort study conducted in a tertiary teaching hospital with 3 branches in Wuhan, China, we observed a high prevalence of kidney disease in hospitalized patients with COVID-19. More than **40% of them had evidence of kidney disease**, with elevated serum creatinine and BUN values in over 13% of them. Strikingly, the presence of kidney disease was associated with greater in-hospital mortality.*

This is the first study showing an association between kidney involvement and poor outcome in patients with COVID-19. We found that patients with elevated baseline serum creatinine were more likely to be admitted to the intensive care unit and to undergo mechanical ventilation, suggesting that kidney disease on admission represented a higher risk of deterioration. It has been reported previously that kidney injury was associated with an increased risk of death in patients with influenza A virus subtype H1N1 and SARS.

Therefore, the kidney disease may be caused by coronavirus entering kidney cells through an ACE2-dependent pathway. Second, deposition of immune complexes of viral antigen or virus-induced specific immunological effector mechanisms (specific T-cell lymphocyte or antibody) may damage the kidney. However, kidney microscopy specimens from patients with SARS were reported to show a normal glomerular aspect and absence of electron-dense deposits.”^{xi}



This is the first paper to show that kidney issues and Covid-19 are connected in some way. Having kidney disease leads to a greater risk of hospitalization and death from what they call Covid-19. However, the doctors once again have it wrong, and are never looking for the real cause. In the third paragraph, the doctors are speculating. Kidney disease **may** be caused by the coronavirus entering through the ACE2 pathway. Second speculation is *deposition of immune complexes of viral antigen or virus-induced*

*specific immunological effector mechanisms (specific T-cell lymphocyte or antibody) **may damage** the kidney.* I don't think virologists should use the word "may". Either it is or it isn't. They think that Covid-19 is causing kidney disease. I would suggest that the kidneys were damaged first. Kidney and blood cells are dying, which causes the fermenting process to begin. Covid-19 symptoms are just the body trying to get rid of the toxic waste and dead cell debris. Something has damaged the kidneys and/or the blood. This has manifested in sickness. In someone diagnosed with a mild "Covid-19" sickness, I would say the kidneys are slightly damaged. In someone that has a bad outcome with "Covid-19", they would have much more kidney damage. This is exactly what this paper is saying. Virologists and doctors will never figure this out, though. Moreover, if they did, they would be quiet, because they would lose their licenses and their jobs.

A particle similar to the SARS-CoV-2 particle is found in EM images of kidney biopsies of people diagnosed with Covid:

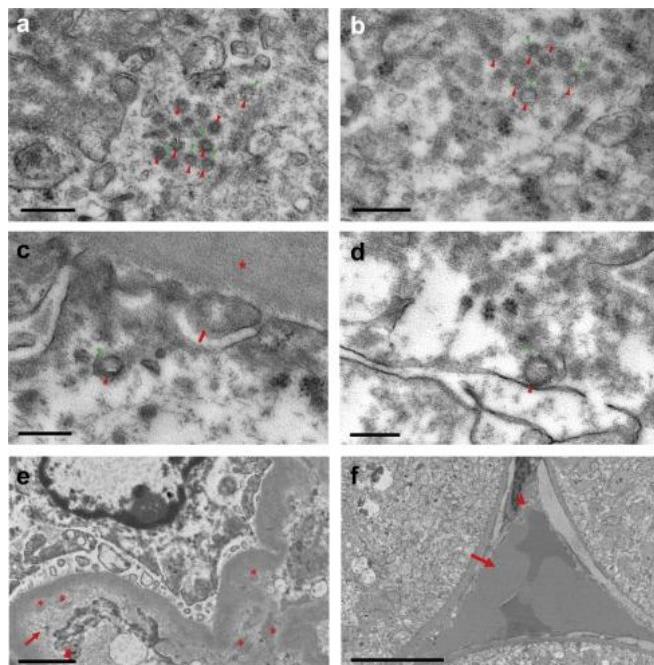
Here's a link to a paper titled "Renal histopathological analysis of 26 postmortem finding of patients **with Covid-19** in China".

[https://www.kidney-international.org/article/S0085-2538\(20\)30369-0/fulltext](https://www.kidney-international.org/article/S0085-2538(20)30369-0/fulltext)

This paper, dated April 9, 2020, was published one month after the first study linking kidney disease with Covid-19. It continues the speculation of the previous paper that SARS-CoV-2 is a new virus that **may** attack the kidneys. This is a perfect example of how virology works. This speculation makes its rounds between scientists, then it will be accepted as fact, even though no experiments have been done to prove it. This will be used to further scare the public into taking their vaccines or going to the doctor as soon as they feel unwell. I'm sure very soon, a new drug will be announced to stop the coronavirus from attacking the kidneys. You do not need that drug. In this study, scientists, using electron microscopy, analyzed the kidneys of 26 deceased patients. The cause of death was listed as respiratory failure associated with organ dysfunction syndrome in patients with Covid-19.

Electron microscopic examination showed clusters of **coronavirus-like particles** with distinctive spikes in the tubular epithelium and podocytes. Furthermore, the receptor of SARS-CoV-2, ACE2 was found to be upregulated in patients with COVID-19, and immunostaining with SARS-CoV nucleoprotein antibody was positive in tubules. In addition to the direct virulence of SARS-CoV-2, factors contributing to acute kidney injury included systemic **hypoxia**, abnormal coagulation, and possible drug or hyperventilation-relevant rhabdomyolysis. Thus, **our studies provide direct evidence of the invasion of SARS-CoV-2 into kidney tissue**. These findings will greatly add to the current understanding of SARS-CoV-2 infection."^{xcii}

This image is the Electron Microscopy image from the kidney biopsies in the study. The red arrows point to all the coronavirus-like particles. The distinctive spikes are green arrows.



Let me try to summarize what scientists have done so far:

They cannot isolate the Covid-19 particle from someone's throat or nasal swab, or even a cup full of snot. They do put the throat or nasal swab into a culture of monkey kidney cells with kidney toxic antibiotics and eventually reduce the fetal bovine serum nutrients. The elusive "Covid-19" particle shows up in that culture, sometimes they need trypsin to accomplish this. It is noticed that people who are diagnosed with Covid-19 have a greater chance to need hospitalization and even die if they have kidney disease. The scientists don't stop to ask if the kidney disease is causing the sickness first, which then has moved to the lungs. They only blame the particle that only shows up in damaged monkey kidney cells and now, damaged human kidney cells. The last line of the quote above reads, "*our studies provide direct evidence of the invasion of SARS-CoV-2 into kidney tissue.*" Ridiculous! It's amazing they can be so sure without thinking of all possibilities. Remember the scientists that "proved" it was flies that spread polio? This caused the United States to go on a DDT spraying binge which killed and maimed many thousands of people. They admitted later that they were wrong. To wrap up this paper, the scientists are saying this brand new virus not only attacks the lungs, but they now have *proof* that this virus will attack the kidney as well. There are also signs of **hypoxia**. Remember this hypoxia condition here. It will be discussed in the next chapter. With SARS-CoV-2 being a brand new virus, this action has never been seen before in the kidneys, right? The following is found in the discussion section.

EM demonstrated spherical virus-like particles characteristic of coronavirus in proximal tubular epithelium. The diameter of the virus-like particles and the length of spikes were similar to previously identified coronaviruses causing SARS and Middle East respiratory syndrome.

Furthermore, coronavirus-like particles were clearly identified in podocytes, associated with foot process effacement and occasional vacuolation and detachment of

podocytes from the glomerular basement membrane. Virus infection was confirmed by IF staining using an antibody targeting SARS-CoV nucleoprotein shared between β-coronaviruses. These findings indicate that SARS-CoV-2 virus can directly infect the renal tubular epithelium and podocytes, which was associated with AKI and proteinuria in these patients with COVID-19.

Another common morphologic finding was erythrocyte stagnation in the lumen of glomerular and peritubular capillaries without platelets, red blood cell fragments, fibrin thrombi, or fibrinoid necrosis. Interestingly, in cases with predominant glomerular loop occlusion, less red blood cell aggregation was present in peritubular capillaries, which is often associated with a relatively long duration of hypotension.

These scientists report that the SARS-CoV-2 virus can infect the renal tubular epithelium and podocytes. These cells are specific to kidney cells. Also of interest is the common morphological finding of **erythrocyte stagnation, red blood cell fragments, and fibrinoid necrosis**. Erythrocyte stagnation and red blood cell fragments seem like a very serious condition. Let's define Fibrinoid necrosis.

*"Necrosis is the medical term for the **death of your body tissue**. When the cells in your tissues die, it can affect many different areas of your body, including your bones, skin and organs. Necrosis can occur because of illness, infection, injury, disease or lack of blood flow to your tissues.*

*With fibrinoid necrosis, the dead cells appear pink and lack structure. This is because plasma proteins (fibrins) are leaking out of your blood vessel walls. **Fibrinoid necrosis occurs when an autoimmune disease or infection damage your blood vessels.**"^{xciii}*

When the cells in your tissue die, it can affect many different parts of the body, including your bones, skin, and organs.

This is exactly what we have been discussing. Tissue and cell death happens first, then sickness occurs. Necrosis occurs with lack of blood flow to your tissues. This is what happens in puncture wounds like dog bites and stepping on a rusty nail. In a puncture wound, if the capillaries and arteries are damaged, oxygen cannot get to the damaged tissue. Fibrinoid necrosis occurs with an autoimmune disease. Remember what causes autoimmune disease? We saw in Chapter 1 that excess antigens (poisons, toxins) cause autoimmune disease. Vaccines contain these poisons. Therefore, with all of this in mind, it seems that vaccines could contribute to kidney disease. Definitely not the only cause but contributory.

These very smart scientists would have you believe that the 26 people in this study caught the Covid-19 virus. Within days (or a couple of weeks) the virus attacked the lungs, found its way to the kidneys, caused problems with erythrocyte production, caused red blood cells to break into fragments, and had enough time to infect and cause necrosis to parts of the kidney. That is pure fantasy just like all their theories on viruses and contagion. I'm sure you now know what I am about to say. My stance on sickness is that tissue injury and cell death happens first. This paper proves this theory. There is no doubt that these 26 people were sick. There is no doubt that these 26 people died. However, they got sick and died from the fermenting process in their body. There is zero possibility that the SARS-CoV-2 "virus" (if it existed) would have the time to do all that damage. Fibrinoid necrosis is seen in autoimmune diseases. People have autoimmune diseases usually for life. The kidneys of these people were being damaged for years. Tissue destruction occurs first and sickness follows. It really is that simple.

This next study will look at kidney biopsies of people without Covid-19, as well as kidney biopsies from pre-Covid times.

Here's a link to a paper titled "Multivesicular bodies mimicking SARS-CoV-2 in patients without Covid-19"

[https://www.kidney-international.org/article/S0085-2538\(20\)30529-9/fulltext?rss=yes](https://www.kidney-international.org/article/S0085-2538(20)30529-9/fulltext?rss=yes)

This paper, dated July 2020, was published 3 months after the kidney necrosis paper. The authors start the paper by acknowledging what everyone "knows": that patients with Covid-19 have common kidney complications. However, these scientists have a different take.

"Recent publications in Kidney International used electron microscopy (EM) to detect the virus in autopsy or biopsy specimens of the kidney.

Most of the published images depicting the suspected virus are very similar, if not identical, to multivesicular bodies (MVBs). MVBs have been well-known since the 1960s and their appearance and occurrence is detailed in the classic monograph of Feroze Ghadially.

However, their exact significance and function is unclear. We suspect that the EM images of SARS-CoV-2 published to date are in fact MVBs.

To address this question, we examined the EMs of 11 current consecutive kidney biopsies and 10 kidney biopsies from the pre-COVID-19 era. Every EM contained renal cortex with 1 to 2 glomeruli. MVBs were found in all 20 kidney biopsies, irrespective of the underlying kidney disease. To our surprise, MVBs were always identified in podocytes (1 to 4 podocytes per glomerulus), but we have not seen them in tubular epithelial cells. MVBs were occasionally seen in endothelial cells (mainly arterial or arteriolar) and in a parietal glomerular epithelial cell of 1 biopsy. MVBs theoretically may represent podocyte endocytosis with subsequent formation of intracytoplasmic microvesicles resembling viruses.

Two recent case reports of collapsing glomerulopathy in COVID-19-positive patients failed to identify the virus in the kidney biopsy by in situ RNA analysis.

Another case report describing a patient with collapsing glomerulopathy also failed to find viral RNA in tissue extracted from the biopsy but demonstrated “viral particles” (with the appearance of MVBs) in podocytes.

Further molecular studies for the presence of the viral genome in renal parenchymal cells would be important in deciding whether SARS-CoV-2 truly infects the kidney.”^{xciv}

This quote directly from the article speaks for itself. Multivesicular bodies (MVBs) have been well-known since the 1960s. These scientists examined 11 **current** kidney biopsies and 10 kidney biopsies from **pre-Covid-19** times. MVBs were found in ALL kidney biopsies. To stress the point, coronavirus-like particles were found in kidney patients years before SARS-CoV-2 showed up. Therefore, this belief of a “new” Covid-19 particle attacking the kidneys is false. It’s complete misinformation. However, do you know what all these patients had in common? They all had dying cells in the kidney. They all had kidney disease. Tissue damage and cell death occur first, then sickness arises. No one would get a biopsy of their kidney if they weren’t having kidney problems. I find amazing (in the third paragraph of the quote) that doctors are now looking for the Covid-19 virus in kidney biopsies of people with kidney illnesses. Do they really think that Covid-19 is attacking the kidneys? They seem to think that no one had kidney disease before Covid-19. In two cases of people with kidney disease, they could find no Covid-19 particle. This is what fear and indoctrination accomplish. These doctors should be looking for what is damaging these kidneys; but, they are hypnotized by the medical cartel. It’s not a Covid-19 virus. There is no Covid-19 virus. There is kidney damage from some other reason. The kidney damage occurred first.

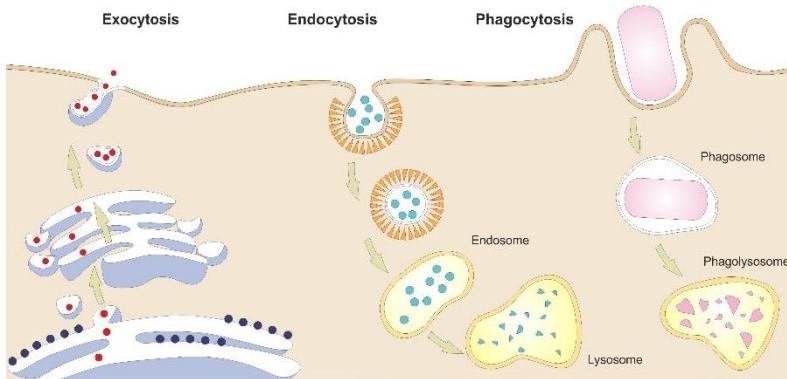
Multivesicular Bodies and Exosomes

Multivesicular bodies (MVBs) are a specialized subset of endosomes that contain membrane-bound intraluminal vesicles. These vesicles form by budding into the lumen of the MVB. The content of MVBs can be degraded, via fusion with lysosomes, or released into the extracellular space, via fusion with the plasma membrane.^{xcv}

*Multivesicular bodies (MVBs) are membrane-bound organelles that contain intraluminal vesicles. MVBs were originally described in neurons ([Palay and Palade 1955](#)), but they are **present in most cell types and tissues** ([Hanson and Cashikar 2012](#)). They are involved in the transport, storage, sorting, recycling, and **release of many substances** ([Von Bartheld and Altick 2011](#)). MVBs interchange cargo with other organelles such as the Golgi complex, lysosomes, endoplasmic reticulum ([Von Bartheld and Altick 2011](#)), and mitochondria ([Sugiura et al. 2014](#); [Das et al. 2016](#)). They also participate in autophagy and therefore in the degradation and repair of organelles, proteins, and RNA.^{xcvi}*

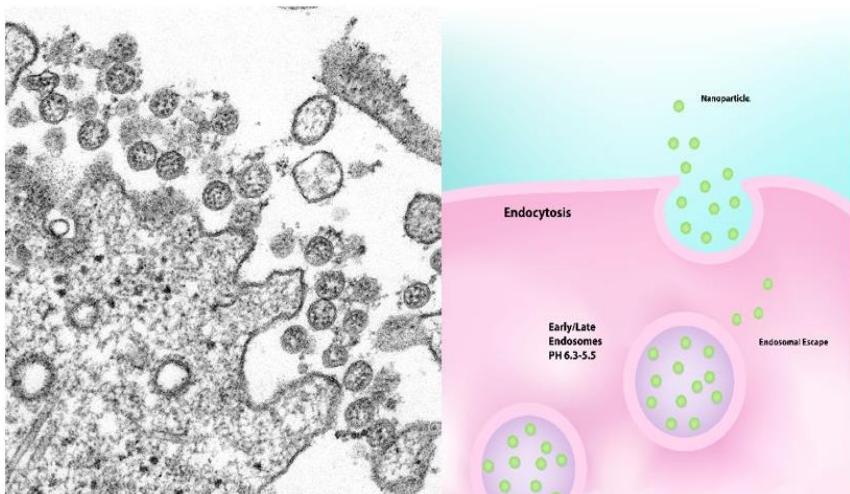
Exosomes are small membrane vesicles that are secreted by a multitude of cell types as a consequence of fusion of multivesicular late endosomes/lysosomes with the plasma membrane.^{xcvii}

Exosomes contain protein and RNA.

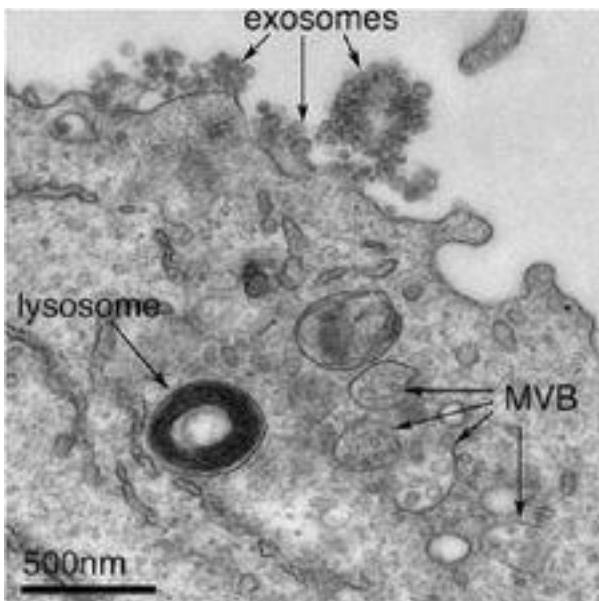


This is not a book about multivesicular bodies and exosomes, but I think it's important to know that the working of a cell is very complicated. The diagram above shows endocytosis, exocytosis and phagocytosis. Particles are moving in and out of the cell constantly. Much is still unknown and much of what we think we know is still theoretical. Said enough times, theories are accepted, but they are still theories. Since 1937, the electron microscope was used to study cells. For electron microscopy, the cells need to be fixed, dehydrated, put in resin, cut into thin slices, treated with heavy metals, and then bombarded with an electron beam. The cell in a living organisms is 46% water.^{xcviii} Will dehydration have no effect on the cell? Is it possible that this snap shot in time has captured exactly how the cell works? It's highly unlikely. The cell has thousands of processes for different conditions. Scientists cannot possibly know all of these conditions. Many substances are created, changed and excreted from the cell. The Golgi apparatus is the membrane-bound organelle of eukaryotic cells which is mainly involved in transporting **synthesized macromolecules** within the cell.^{xcix} The Golgi apparatus involves lysosomes, MVBs, and exosomes. **This system is used by cells to process, package and ship molecules to other cells, and to excrete as waste.** Cargo is **constantly** being moved between the Golgi complex, lysosomes, the endoplasmic reticulum, and even the mitochondria. Let's relate this to our monkey kidney cell culture. A cell in a living, normal body with proper continuous nutrition will act differently

than a cell in a culture which is starved and has toxic antibiotics added. Another factor is light. A cell operates in the body without fluorescent light. These cell cultures being exposed to man-made fluorescent light is yet another variable that we have no idea the effects of.



The diagram above (right) is a representation of a process of just some of these particles moving in and out of the cell. The picture (left) is the Electron Microscopy (EM) image of the Covid-19 “particle” from the first U.S. patient. Again, don’t forget, it’s not directly from the patient, it is from the monkey kidney cell culture. However, aren’t these images very similar? The technology does not exist for a cell to be studied live. It cannot be known what exact particles are captured in an EM image of monkey kidney cell culture. What happens when you mix monkey kidney cells, human fluid, fetal bovine serum, toxic antibiotics, trypsin, and then go through the process of EM? That picture on left is the result, but those particles may just be endosomes, lysosomes, exosomes, and other nanoparticles.



<https://ogkologos.com/exosomes-may-help-tumors-evade-immune-system/>

This picture is an EM image of those particles. It looks like a corona bound particle. But those particles are just endosomes, lysosomes and exosomes. They are not contagious.

This is not a book on biology. This is a book that strives to motivate you to question everything scientists and doctors say, especially when it concerns your health. Therefore, it must be pointed out that the workings of the cell we just described are just the current working theory. The science is never settled. Scientists have tried to uncover the mysteries of cells' inner functions by analyzing still electron microscopy images. They have never observed this process in real time. Just like scientists opposed to germ theory throughout history, some scientists have opposed this cellular model that relies exclusively on Electron Microscopy. Harold Hillman is the most famous. Hillman was a British scientist and expert in the neurobiology of execution methods.

Harold Hillman: *"During a research career lasting more than 50 years, I have concluded that the following procedures are unsuitable for studying the biology of living cells in Intact animals and plants: subcellular fractionation; histology;*

histochemistry; electron microscopy; binding studies; use of ligands; immunocytochemistry; tissue slices; disruptive techniques; dehydration; deep freezing; freeze drying; boiling; use of extracellular markers; receptor studies; patch clamp measurements; inadequate calibrations.

*When a tissue is prepared for histology, histochemistry, electron microscopy, or immunocytochemistry, an animal is killed; the tissue is excised; it is fixed or frozen; it is embedded; it is sectioned; it is rehydrated; it is stained; it is mounted; it is radiated by light, or bombarded by electron beams. Living tissue could not survive the dehydration, low pressure, x-irradiation and electron bombardment, which occur in the electron microscope. So, heavy metal salts of osmium, tungsten, manganese, uranium or lead, are deposited on fixed tissue, and these deposits are examined. When one studies unfixed tissues in physiological media, one is looking at cells, which exchange approximately normally with their environments. In histological sections, one is examining tissue plus reagents used in the preparation, minus constituents of the tissue (including water), dissolved in or extracted by, the reagents used. The electron microscopists look at heavy metal salts, plus other reagents used in the preparation, minus substances extracted by the reagents. **Virtually nothing is seen if heavy metal salts are not used for staining**, as was shown by Weakley in an elegant illustration in her book, 'Beginners Handbook of Electron Microscopy', (1972)*

*The nuclei, containing the nucleoli, and the mitochondria, are the only structures seen by light microscopy in the cytoplasm of living cells. They can be seen moving in tissue cultures. **All the other structures claimed to be present are only seen in electron micrographs of dead tissue, or in fixed stained histological sections.** If they existed, the cytoplasm would be almost solid with endoplasmic reticulum, cytoskeleton, Golgi bodies, lysosomes, peroxisomes, contractile proteins and stress fibres. This is hardly compatible with either*

the low viscosity of cytoplasm, or with the rich variety of intracellular movements seen in living cells.”^c

What do you mean the Earth isn’t flat?

More advanced tools for live cell imaging are always being developed. More theories will be presented and more theories will be disproven. The science is never settled and is sometimes outright wrong. The science of virology is wrong. If this is the first time that you’re reading about this, you may feel overwhelmed. You were told your entire life about sickness and viruses. You’ve been vaccinated. You’ve been told to wear masks and wash your hands. Now that belief is crumbling. You’ll probably be very angry that you and your precious children were vaccinated. Or you may think that I’m nuts and I’m getting the science wrong. However, I just showed you the scientists’ own papers, but interpreted them in an unbiased way. My interpretation does not require you to buy vaccines and flu medicine.

The Genome

Virologists further propagate “theories” as fact that a virus exists by claiming they have sequenced and found the genome of the virus. I think the public thinks the genome was discovered by the same process as a human or a cat. If a cat’s genome was sequenced, the **entire** genome is intact. The cat was isolated from the dog, the mouse, and the worm. This does not happen when discovering the viral genome. Viruses have never been isolated so there is never a whole intact “viral” genome. Ever. There are actually two methods to be aware of. The first sequencing and assembling of a genome of a “new” organism is called de novo. The genome is unknown. All they have is millions of very small fragments of RNA material that they try to piece together into a full genome. For Sars-CoV-2, this process was done exactly one time, on one sick person, in one lab in China. No other scientist in the rest of the world checked this step. After this one de novo sequence was done, the rest of the world would go on to complete their monkey kidney cell culture and with PCR amplification and this new template, a computer assembles and aligns DNA fragments to match the genome template.

From <https://thesequencingcenter.com/knowledge-base/de-novo-assembly/>

"De novo assembly is a method for constructing genomes from a large number of (short- or long-) DNA fragments, with no a priori knowledge of the correct sequence or order of those fragments.

In the scaffold assembly step, contigs do not necessarily have to overlap in order to be joined together. This can be attributed to paired-end sequencing.

In the chromosome assembly step, scaffolds are joined together in a gap-filling, gap-closing, or genome finishing process. This final step is difficult, and sometimes impossible, to complete using only short-read technology. The presence of repetitive sequences especially can inhibit gap-filling using only short-reads, although some progress is being made in this area.

Finishing complete chromosomes often require the use of multiple sequencing technologies and hybrid assembly protocols. You'll often see short-read technology combined with long-read technology, optical maps, Bionano maps, etc. to generate fully finished genomes. Employing multiple sequencing technologies on a per-sample basis can be costly."ci

Reads are small chains of nucleic acids. Some are as small as 30 nucleotides long. Remember biology. DNA is made of only 4 nucleic acids. These are A, T, C, and G. The computer analyzes the reads and stacks the overlapping sections, forming contigs. Contigs are then used to form scaffolds using gap filling processes. The genome of SARS-CoV-2 was thought to be similar to other corona viruses, so the process was stopped at the contig step. The theory is that the full virus genome can be put together by millions of short reads, even with never knowing the full genome beforehand. The computer just must put it together properly.



On January 5th, 2020, Professor Zhang Yongzhen from China was credited as being the first to sequence the genome of Covid-19. When a genome is sequenced, the computer actually presents a few different possible genomes. After consensus is formed as to which genome should be chosen, it is uploaded into GenBank, which is a worldwide database of genome sequences. Any other scientists performing their own Covid-19 monkey kidney cell experiment will now download that genome to be used as a template. Their computers use that template as a guide to match their DNA/RNA fragments into the same order. I think better science would be for every country to do their own genome, then compare. The current method is like getting the answers to the test beforehand. This is another example of virologists starting their experiment with an end goal already in mind.

The paper titled: A new coronavirus associated with human respiratory disease in China. This is the paper of the very first SARS-CoV-2 genome. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7094943/>

To reiterate, in January, 2020, one person in China was thought to have a new serious disease.

A patient presenting with acute onset of fever (temperature over 37.5 °C), cough and chest tightness, who was admitted to the Central Hospital of Wuhan, in Wuhan, China, was considered to be a suspected case.

Physical examination of cardiovascular, abdominal and neurological characteristics was that these were normal. Mild lymphopenia (defined as less than 9×10^5 cells per ml) was observed, but white blood cell and blood platelet counts were normal in a complete blood count test. Elevated levels of C-reactive protein (41.4 mg l⁻¹ of blood; reference range, 0–6 mg l⁻¹) were observed and the levels of aspartate aminotransferase, lactic dehydrogenase and creatine kinase were slightly elevated in blood chemistry tests. The patient had mild hypoxaemia with oxygen levels of 67 mm Hg as determined by an arterial blood gas test.

Total RNA was extracted from the BALF sample using the RNeasy Plus Universal Mini kit (Qiagen) following the manufacturer's instructions. The quantity and quality of the RNA solution was assessed using a Qbit machine and an Agilent 2100 Bioanalyzer (Agilent Technologies) before library construction and sequencing.

Bronchoalveolar lavage (BAL) is a medical procedure in which a bronchoscope is passed through the mouth or nose into the lungs. Fluid is then squirted into a small part of the lung and then recollected for analysis.^{cii} So, basically, this one person's BALF was collected from a small part of the lung and then sequenced. This is the source of the Sars-CoV-2 genome. But what exactly was sequenced? There was no attempt to isolate a virus. There was no attempt to isolate any other RNA material such as exosomes. All the short reads of RNA from the BALF was sequenced by a computer.

"In total, we generated 56,565,928 sequence reads that were de novo-assembled and screened for potential aetiological agents. Of the 384,096 contigs assembled by Megahit⁹, the longest (30,474 nucleotides (nt)) had a high abundance and was closely related to a bat SARS-like coronavirus (CoV) isolate—bat SL-CoVZC45 (GenBank accession

number MG772933)—that had previously been sampled in China, with a nucleotide identity of 89.1%. This virus strain was designated as WH-Human 1 coronavirus (WHCV) (and has also been referred to as ‘2019-nCoV’) and its whole genome sequence (29,903 nt) has been assigned GenBank accession number MN908947.”^{ciii}

Over 56 million reads were generated from the RNA in the patient’s sample. The computer stacked these reads into 384,096 contigs. To emphasize, the computer put together over 384 thousand potential “viral” genomes. Which one did the scientists pick? They picked the longest, of course, which was 30,474 nucleotides (nt) long. This is where consensus comes in. Scientists did not discover the **one** SARS-CoV-2 genome. They chose just one out of three-hundred and eighty-four thousand possibilities. They also said the genome was closely related to the bat SARS-like coronavirus. However, if you think 89.1% is a close match for a genome, you are mistaken. Men and mice share a 97% common genome; 89% is completely different. On January 14th, 2020, Yongzhen uploaded a 30,473nt genome to GenBank. In the scientific paper above, the sequence discovered was said to be 30,474nt. Why is 30,473nt uploaded? Why is there a missing nucleotide? Three days later, on January 17th, a 29,875nt genome was uploaded. On March 18, 2020, a 29,903nt genome was uploaded.^{civ} We are not told what these other genomes are but it seems no, lab ever gets the exact same genome.

Why did these scientists stop at the contig step? Contigs can be put together into scaffolds to make longer genomes. What if this new “virus” has a genome of 60,000nts? What if it’s longer? If the full genome is never known, how do they know when to stop building? This seems like a completely arbitrary process with very little rules and standards. They will tell you they stopped at this contig because this new virus was similar to SARS-CoV-1. Well, how did they determine the Sars-CoV-1 genome? Sars-CoV-1 was from compared to another previous wrong genome. At some point, there was no reference genome and major assumptions had to be made.

The very first viral genome done this way is just **assumed** correct. I think that's a very faulty assumption. The fact is with viruses never being isolated, the very first genome of any virus is not real, so all the rest that followed are not real. Every following genome of any "virus" was built with the previous faulty genome as a template. This entire de novo sequencing process is just one big computer trick. There were over 56 million reads. The reads were anywhere between 30 and 150nts long. Assuming an average of 100nt long means there 5.6 billion nucleotides in this mix (56mil reads x 100nt). The final genome chosen is 30,473nts long. That genome represents only about .000005 of all the nucleotides in the mix (30,473/5.6bil). It gets better. Another computer program, Trinity, was used to assemble the reads as well.

Megahit generated a total of 384,096 assembled contigs (size range of 200–30,474 nt), whereas Trinity generated 1,329,960 contigs with a size range of 201–11,760 nt.

With the same exact BALF, Trinity generated 1.3 million contigs, but could not assemble the 30,474nt contig that Megahit generated. The longest Trinity got was 11,760nt. Therefore, the other computer sequence generator DID NOT confirm the genome of Megahit. Shouldn't this raise major red flags? Does this process seem like a fool proof way to determine a genome that will then be used to shut the world down? What exactly is being sequenced and assembled in those computers? BALF or sputum from anyone, sick or healthy, will include RNA and DNA from human cells, bacteria, fungi, exosomes and other nanoparticles from human cells, but also exosomes and other nanoparticles from bacteria and fungi. Without ever isolating "viruses" from all this other random DNA and RNA from multiple sources, there is no way that any genome assumed to be "virus" is correct. Comparing it to a previous wrong genome does not solve the problem. The only logical conclusion is that the viral genome does not exist and neither do viruses. What they call viruses is just cellular debris from multiple organisms.

Shocking I know. I'm sure most of the public thinks that the science of virology is so advanced that it must be very precise. It is not. I hope you are starting to question everything though. The

computer just puts together random pieces of RNA reads. Whatever RNA is in the mix is fair game to be incorporated into any potential genome. Another very important point is that this paper does not show us an Electron Microscopy image of this new Sars-CoV-2 virus. Wouldn't they want to see what they had before sequencing? Is it possible to see this EM image directly in someone's snot? I don't think so. **I have only seen images of this particle they call Sars-CoV-2 in lung tissue, kidney tissue, and monkey kidney cell cultures. All this tissue contains dead and dying cells. I have not seen any image of this particle directly from the sputum or lung fluid of a "sick" person.** Again, if this particle cannot be shown directly from the sputum, virology is over. If this particle cannot be found in the droplets of sneezes, it doesn't transmit this way. The experiments trying to show contagion have failed throughout history. They failed because contagious viruses do not exist. When tissue and cells die, the cell breaks up into or releases smaller particles. We have all been lied to for years.

After this first sequence was generated in one lab in China, the sequence was uploaded to GenBank, which is a database of genomes of viruses, bacteria, etc. Now, any scientist across the world can use that genome as a template to match and to confirm that Sars-CoV-2 has spread around the world. The other experiments though, will use the monkey kidney cell culture.

After the monkey kidney cells show cytopathic effect (death), it is assumed the viral genome can be found in the dead culture. Again, no virus is isolated from this culture. So already, we have the same problem of multiple sources of RNA and DNA. Nothing is isolated so in addition to monkey kidney cells, toxic antibiotics, bovine serum and trypsin, the culture includes RNA and DNA from human cells, bacteria, fungi, exosomes and other nanoparticles from human cells, but also exosomes and other nanoparticles from bacteria and fungi. Nothing is isolated.

Throughout history, virologists have designed experiments to achieve the desired results they wanted. Examples are drilling into the skull of defenseless animals and injecting a toxic mess of dead, decaying material to "prove" contagion. This process of aligning

reads to a known template is another example of bending the rules to get the results desired. These include PCR amplification, adding primers and other alignment “rules”.

In a monkey kidney cell culture, scientists say there's not enough genetic material to sequence so they need to use PCR amplification to multiply the DNA material. This is from the Australian paper. *Randomly amplified cDNA was prepared using the sequence-independent single-primer amplification (SISPA) approach.*

What are primers?

Primers are synthetic short sequences of DNA that allow the PCR process to amplify certain regions of a template genome.

Amplicon based methods using SARS-CoV-2 specific primers that amplify between 400 to 2,500 base pairs were designed and implemented using multiplex RT-PCR methods followed by WGS using platforms such as Oxford Nanopore Technologies and Illumina.

The ARTIC V4 primers have shown considerable improvement in the genome recovery of the Delta VOC except at amplicon 90 (23). Here, we report on our in-house optimization of a modified version of the ARTIC Network V4 primers herein referred to as optimized V4, to improve on SARS-CoV-2 genome recovery where the original ARTIC V4 pooling strategy did not yield full genomes and was characterized by amplicon drop-offs.^{cv}

Primers are used to amplify certain regions of a template they are trying to match. Again, this is an example of knowing the end result and figuring out what techniques will achieve that desired result. They make the primers to amplify the nucleotides that are low in number. And when other nucleotides are low in numbers, they change and add primers. It's a big trick. The 2nd paragraph above states that the ARTIC V4 primers have shown considerable improvement in genome recovery. ARTIC V4 replaces V3. There

was a V1 and V2 as well. When ARTIC V1 couldn't produce enough of the China template genome, V2 was made to add primers for other sections that needed a little boost. As you can see, this is not observing a genome. This is making a genome that doesn't exist in nature.

After SarsCov2 specific primers are added and amplification occurs, the computer tries to align the genome to the SarsCoV2 template. However, even when things still don't line up and match, there's process to fix that problem. When lining up reads, the following is acceptable. Shown in the chart below, reads can have mismatches, reads can have ends truncated, and reads can be squeezed together to match. The virologists justify this by calling these errors SNPs or variants. That's just an excuse so they can move the puzzle pieces where they want. I would just say that the genomes do not match.

When matching to a template, this is acceptable:

Read1 is said to have mismatches.

Read2 is said to have clippings.

Read3 is said to have 2-base insertions and 1-base deletion.

The first genome from the first patient in China was a faulty genome. Any genome from a monkey kidney cell culture that is matching to the first genome is faulty. The first step should be to isolate the “virus”, then prove it is pathogenic, then sequence genome of just the “virus”. However, even with all these tricks, the exact same genome is not found. Every genome of Sars-CoV-2 is a little different than the template. Certain mistakes in the genomes are allowed but if the mistakes are too much, then a variant is born. Doesn’t it make more sense that the genome is not real. It’s just a pieced together mess of RNA from varying sources. The genome

changes not cause the virus mutates. The genome changes because even though it's very similar, the mess of RNA material in these cultures is a little different than the others. Mutations are just another assumption and have never been proven. If they could **isolate** the SarsCoV2 virus, prove that it is pathogenic, and find the genome, then compare to another genome of a different isolated virus, then mutations would be feasible. However, with no isolation, there can be no confidence that this genome or any viral genome is real. No virus has ever been isolated.

This paper is titled: Whole-Genome Sequencing and De Novo Assembly of a 2019 Novel Coronavirus (SARS-CoV-2) Strain Isolated in Vietnam.

<https://www.biorxiv.org/content/10.1101/2020.06.12.149377v1.full>

This paper was published on June 13th, 2020, well after the SARS-CoV-2 genome was sent to GenBank. All scientists across the world now use the genome from China as a reference/template. Of course, the same monkey kidney cell culture with the kidney toxic antibiotics and trypsin is used. For genome sequencing though, the computer has a template and just needs to fill in the blanks.

"The sequencing was successfully completed and de novo assembled in less than 30 hours, resulting in one contig with no gap and a length of 29,766 bp." cvi

The Vietnam sequencing process resulted in just one contig. HA. The first China genome produced 364,000 by megahit and over one million contigs by Trinity, but Vietnam got just one. Amazing what a template and a little sleight of hand can do. However, as mentioned, it does seem that everyone gets a little bit different genome. This one is 29,766bps long. It's still not the same genome.

Virologists across the world use the same materials that they purchase from a small selection of companies. One company is bpsbioscience.com.

Two vials of Vero E6 Recombinant Cell Line costs \$11,650. The description from the website reads: Recombinant clonal stable Vero E6 cell line constitutively expressing full length human TMPRSS2 (Genbank #NM_005656.4). <https://bpsbioscience.com/tmprss2-vero-e6-recombinant-cell-line-78081>

Growth medium is \$685 for 500ml. Growth medium is the bovine serum used as nutrients. FBS is fetal bovine serum. Also included is the kidney toxins Streptomycin and Puromycin.

Growth Medium 1P (BPS Bioscience #78095): MEM medium supplemented with 10% FBS, 1X MEM Non-essential Amino Acids, 1% Sodium Pyruvate, and 1% Penicillin/Streptomycin plus 3 µg/ml of Puromycin (InvivoGen, #ant-pr-1). <https://bpsbioscience.com/growth-medium-1p-78095>

If all virologists are using the same material purchased from the same suppliers, conducting the same exact monkey kidney cell culture, using amplification, primer based sequencing processes, and having a template to match, of course they can get the same results, or at least close enough to fool the people. The virologists pat each other on the back for confirming each other's work. However, it's the same work. The genome is a genome of nothing that really exists in nature.

I want to end this chapter with the definition of pseudoscience.

From Wikipedia:

Pseudoscience consists of statements, beliefs, or practices that claim to be both scientific and factual but are incompatible with the scientific method. Pseudoscience is often characterized by contradictory, exaggerated or unfalsifiable claims; reliance on confirmation bias rather than rigorous attempts at refutation; lack of openness to evaluation by other experts; absence of systematic practices when developing hypotheses; and continued

adherence long after the pseudoscientific hypotheses have been experimentally discredited."cvii

The scientists and virologists of today are not all working together to knowingly promote some grand conspiracy; they are just following the methods that they have been taught. However, as a whole, the entire field of virology is Pseudoscience. The scientific method is not followed. Their beliefs are not based on facts. Claims are exaggerated. Confirmation bias is the norm. More than one variable is changed in experiments. If a scientist goes against the current diction, they are vilified and cast out of their job. It seems all virologists do the same experiments. No one wants to step out of line. This is all great for the virologists and the pharmaceutical companies, but it has resulted in an extremely sick population around the world. It's time to start thinking for yourself. If you read more on what experiments virologists do, or have other related discussions, just remember that cell damage and death always comes first, then sickness happens. Instead of this lab work with fake genomes, the scientists should be figuring out how human tissue is damaged. What could be damaging people's kidneys? We will look into this in the next chapter.

Chapter 8 - Why Do We Get Sick?

We have now determined that virologists cannot prove contagion of these viruses or bacteria. We now know about the ridiculous monkey kidney cell culture. We know that many particles show up in an EM when those cells die. I have yet to see an EM from someone's snot that shows these Sars-CoV-2 particles. We know that the genome is just a genome of random RNA from many sources. We know there is no proof that viruses are the deadly "germs" virologists say they are. Scientists have *never* been able to get someone "sick" by exposing test subjects to droplets infected with a "virus". So, if bacteria and viruses don't cause sickness, what does? Why do some people get sick at the same time? The first thing to realize is that there's no "it" that gets people sick. Everyone is different. People across the globe live in different environments, are exposed to different conditions, with different nutrition, and have different stress levels. It can be very difficult and frustrating to figure out how to avoid getting sick, but that doesn't mean we have to pick one totally wrong and unproven theory to follow. In addition, it doesn't mean that we have to accept the results of experiments designed specifically to prove the scientists' point-experiments that have nothing to do with why people get sick. Let's brainstorm a bit, but know that we may never have all the answers. Many factors contribute to sickness though. Some contributing factors of today are the same as what made us sick in the 1800s and 1900s, and throughout history. The causes of sickness are mainly malnourishment, toxins, poisoning, and stress. This causes imbalance, cell death, and loss of negative charge in body. As Béchamp described, losing the body's negative charge causes acidic PH and starts the fermentation process.

Malnourishment

Simply put, the food today is less nutritious and less varied than in the past, resulting in mass malnourishment. Corn and soybeans account for 70% of farmland in the United States. Worldwide, more than 50% of the human diet is composed of rice, corn and wheat.^{cvi} It's hard to get nourishment from foods that contain declining levels of nutrients. Mono-cropping is the process of growing one crop on one plot of land, every year. Large amounts of synthetic fertilizer and pesticides are used, which results in nutrient-depleted, toxic soil. Soil is a material composed of five ingredients — minerals, organic matter, living organisms, gas, and water.^{cix} Soil contains billions of living organisms such as bacteria, fungus, worms, etc. These organisms, when decomposing organic material from plants and animals, return nutrients to the soil. This was discussed in the chapter on bacteria and is another example of how bacteria are critical to the survival of Earth's inhabitants. Bacteria are all around us. Bacteria promote life. Soil that holds large quantities of bacteria is said to be good soil. Bacteria carry out enzyme transformations pivotal in the growth of plants and food crops. GMO crops can withstand being sprayed with pesticides, but bacteria in the soil suffer. Just as animals and humans cannot survive without bacteria, neither can soil. The use of synthetic fertilizers is used liberally. However, these fertilizers only supply nitrogen, phosphorus, and potassium. The soil does not contain the rest of the required minerals, so neither does the food we eat. We are, without a doubt, malnourished.

Toxins and poisoning (antigens)

Most of us have gotten dozens of vaccines, and kids today are getting even more – with the recommended number growing each year. These toxins are very hard for the body to get rid of. We all have toxic cleaning chemicals in our house. Air quality is poor, especially in cities. Industry is spewing chemicals and toxins into the air and water. The drinking water is polluted with micro-plastics. Most municipal water systems put fluoride and chlorine in the water. Fukushima dumped massive amounts of radioactive

waste into the ocean. The fish are contaminated with mercury. Arsenic is very toxic and very common; it is found in high quantities in rice, a global food staple. Until recently, chicken feed also had arsenic in it. Why? It's cheap and makes the birds fat. You think all chicken growers are honest today? I bet arsenic is still used often in chicken feed. The food today is GMO, and full of pesticides and synthetic fertilizer. Food containers, such as plastic and aluminum, contaminate the food. Toxins and poisons are antigens, which means these toxins and poisons cause the body to make an immune response against them. As seen in Chapter 2, repeated exposure to antigens causes autoimmune diseases. Is it really a mystery why autoimmune diseases are skyrocketing?

Stress

Stress is also a big factor in sickness. Stress and fear cause changes in hormones that affect the body's processes. When the body is stressed, digestion will become secondary. If you were being chased by a lion, your digestion would cease. The body, in trying to protect itself, would increase blood sugar and stress hormones such as cortisol and epinephrine. If you escaped the lion, stress would decrease and your body would slowly return to normal. In our current way of life, many are chronically stressed, meaning the effects of stress in the body never end. The result is that digestion is not functioning optimally. Due to stress and impaired digestion, our bodies will have a tougher time acquiring the already limited nutrients. This is the state of the world.

Attitude plays a part as well. If a person greets the world every morning with happiness and a smile, they will get that happiness returned to them, and will be healthier. If the world is greeted with fear and anger, stress hormones will be the norm, and dis-ease will follow. The placebo effect is real. Through prayer and believing they will get better, many do. There's also a nocebo effect. If you are fearful and believe you will get sick, you likely will. We saw this in one of the flu contagion experiments in Chapter 5.

In July, 2021, the CDC posted a study on underlying medical conditions and severe illness with Covid-19.

https://www.cdc.gov/pcd/issues/2021/pdf/21_0123.pdf

This study collected data from 540,667 patients across 800 hospitals. The purpose was to determine what underlying conditions were frequent in severe Covid-19 cases and deaths. Of course, things like obesity, diabetes, heart disease, and neurocognitive disorders were associated with death. However, the second highest risk factor of death was anxiety and fear-related disorders.^{cx} I've mentioned a few times in this book that stress and fear are directly involved in your sickness, and I hope this book takes much of that fear away. Your health is in your control.

Electromagnetic radiation (EMF) is another form of stress on cells. For the entire existence of Earth, there was no widespread electricity until about 1820. Benjamin Franklin's kite experiment was in 1752. In 1821, Michael Faraday invented the first electric motor.^{cxi} The Earth has a natural cycle, or frequency, called the Schumann Resonance. This cycle is the measurement between peaks of this frequency. The Earth's cycle is 7.83 Hz. Humans vibrate a little higher at 10 Hz^{cxi}. Electricity in the United States has a frequency of 60 Hz. When the body is next to electricity, it can affect the cells in a negative way. The frequencies used for wireless communications continue to get more powerful and worse for the body. The latest is 5G, which operates at 40 GHz. That's 40,000,000,000. That vibration is hitting your cells 40 billion times a second! Think how this can affect your 10 Hz cycle and the health of your cells.

"Cell damage is another byproduct of electromagnetic field exposure (EMF) from 5G. According to Dr. Martin Pall, who recently spoke at the 5G Crisis Summit, EMFs activate channels that allow extra calcium into cells. Increased intracellular calcium levels are related to cardiovascular disease, muscle disorders, as well as acute and chronic pain. They're also linked to epilepsy, migraine, mood disorders, and certain types of cancer."^{cxi}

Many people believe that an invisible virus can harm us, but think it's ridiculous that invisible radio waves can. Maybe you are skeptical and think 5G causing cell damage is "fake news". I'm reminded again of this quote by Bechamp. "*If the host pays no attention while it is still feasible to adjust, s/he will be recycled sooner than would otherwise be the case.*"

Wuhan, China was an early adopter of 5G. In The Invisible Rainbow, Arthur Firstenberg documents the changes in the electrical condition of Earth. Spanish Flu occurred right after radio towers blanketed the Earth. The Asian flu occurred in the 1950s, after radar was deployed across the Earth. The Hong Kong flu occurred in the late 1960s, after the military started putting satellites in space. Most recently of course, Covid-19 illness strikes when 5G is being turned on all across the globe. EMF is just another factor of many which causes illness.

The issues laid out in the last few chapters are found worldwide. The world's food supply is lacking many required nutrients that the body needs. The world's soil is depleted of minerals and good bacteria. The world is using synthetic fertilizer and pesticides. The world's population is chronically stressed. The world is covered in EMFs. The world's population is bombarded with toxins. It's a wonder that the people of the world are not even *sicker*. However, even with all these assaults, the body, and the bacteria contained inside, do what they can to survive. If the body lacks certain minerals, it will use other minerals in their place. This may be ok short term, but problematic later. The body will always choose to survive now, at the expense of health in the future. When the body gets overloaded with toxins, it will react. The body will enter a detox when it needs to. It doesn't care if you have a business meeting or have to pick up the kids from school. The liver is the main detox organ. The skin is the second largest detox organ. Many diseases commonly have skin issues as symptoms. This is just the body trying to expel as much of the toxins as possible. In addition, nutritional deficiencies are also a factor in sickness. The more toxic the body, the more serious the detox reaction. In addition, as

discussed in the chapter on bacteria, if the body experiences enough cell or tissue death, the bacteria will begin to repurpose that tissue. This makes waste of its own, and in a closed environment, septic conditions can occur.

But what about the Covid-19 epidemic?

Let's look into it further and come up with a hypothesis of our own. The papers show kidney damage is associated with "Covid-19". Kidneys are, of course, very sensitive to poisons, as anything that gets in your blood stream needs to be dealt with. If we're looking for toxins that damage kidneys, of course we can look for heavy metals.

From: https://www.atsdr.cdc.gov/csem/arsenic/physiologic_effects.html

Arsenic is capable of causing renal effects.

- *The systemic toxicity occurring in severe acute arsenic poisoning may include acute **tubular necrosis with acute renal failure**.*
- *Chronic renal insufficiency from cortical **necrosis** has also been reported.*
- *The precipitating cause of renal injury may be hypotensive shock, hemoglobinuric or myoglobinuric tubular injury, or direct effects of arsenic on tubule cells.*
- ***Glomerular damage can result in proteinuria.***
- *The kidney is not the most sensitive target organ for chronic arsenic toxicity as other organ systems may be affected at lower doses.*
- *There is limited strength of association between chronic arsenic exposure and renal cancer.*
- *Arsine gas is more nephrotoxic than arsenic. However, both can cause acute tubular necrosis.*

The paper discussed in the previous chapter, on the 26 post mortem kidney biopsies, lists issues of necrosis, glomerular

damage and proteinuria as well. Other scientific papers on kidney damage and Covid-19 usually state something like: "SARS-CoV-2-infected patients developed diverse glomerular and tubular diseases". Arsenic poisoning lists the same issues. Arsenic is a definite contributor to kidney damage. Arsenic is very prevalent in our society.

From: <https://www.hindawi.com/journals/emi/2022/1480553/>

Residues of aluminum compounds can be found in drinking water, food, air, medicine, deodorants, cosmetics, packaging, many appliances and equipment, buildings, transportation industries, and aerospace engineering. Exposure to high levels of aluminum compounds leads to aluminum poisoning.

The accumulation of aluminum in the kidney causes glomerular filtration failure and damages tubular kidney cells, leading to nephrotoxicity.

From: <https://www.kidney.org/atoz/content/antiperspirants>

*Concerns about antiperspirants and kidney disease were first raised many years ago, when dialysis patients were given a drug called **aluminum hydroxide** to help control high phosphorus levels in their blood. Because their kidneys weren't functioning properly, their bodies couldn't remove the aluminum fast enough, and it began accumulating. Scientists noticed that dialysis patients who had these high aluminum levels were more likely to develop dementia.*

Aluminum hydroxide, shown here to cause kidney damage, is the exact form of aluminum that is used in many vaccines. Glomerular and tubular damage occur in aluminum poisoning. Aluminum is another contributor to kidney damage.

I did come across some good news, however. Good guys can come to the rescue. From: <https://pubmed.ncbi.nlm.nih.gov/27627960/>

*Our results showed that *L. plantarum CCFM639* can significantly reduce Al accumulation in tissues, regulate imbalance of trace elements, and thereby alleviate oxidative stress and pathological changes in hepatic and renal tissues. Therefore, *L. plantarum CCFM639* could alleviate Al-induced hepatic and renal injuries, and the possible mechanisms may involve in regulating the imbalance of trace elements.*

Bacteria are living in our bodies too, and will figure out how to help detox our terrain. The bacteria *Lactobacillus plantarum* has figured out a way to remove aluminum from your body. Knowing this, do you really want to take any more antibiotics?

What else can cause changes in the blood though? What could affect many people across the world? Let's continue the discussion on EMF radiation. The CDC says there's no evidence that cell phone frequencies are detrimental to humans. They are probably telling the truth because they never look for any evidence. However, in cancer patients undergoing radiation, more tissue and blood damage occurs. Kidneys are very susceptible to radiation injury in cancer patients.

A paper titled: Late-onset effects of radiation and chronic kidney disease.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00697-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00697-2/fulltext)

"Partial or total body exposures to radiation doses as low as 5G in a single fraction are not lethal but can lead to radiation nephropathy. Exposures to even lower doses of radiation are associated with late cardiovascular and renal disease. Chronic kidney disease substantially increases human morbidity and mortality, and renal function should be part of the immediate and long-term follow-up of individuals who have had substantial clinical or accidental radiation exposures to parts of the body that include the kidneys."^{cxiv}

A paper titled: Radiation-induced kidney toxicity: molecular and cellular pathogenesis.

<https://ro-journal.biomedcentral.com/articles/10.1186/s13014-021-01764-y>

"The use and the intensity of radiation therapy is limited by normal-tissue damage including kidney toxicity. Different thresholds for kidney toxicity exist for different entities of Radiotherapy.

Histopathologic features of Radiation Nephropathy include vascular, glomerular and tubulointerstitial damage."^{cxxv}

Both of these papers document radiation causing kidney damage. Even low dose radiation is associated with renal disease. Chronic kidney disease substantially increases morbidity and mortality.

How does radiation affect the blood?

A paper from 2014 conducted a very interesting experiment that links to the kidney damage seen in "Covid-19" patients. Found here: https://www.researchgate.net/publication/293657260_Human_short-term_exposure_to_cell_phone_radiation-causes_changes_in_blood_cell_morphology

The study measured the effects of cell phone use on the blood. Darkfield microscopy uses a special form of lighting to see living blood without staining. The test subjects would have their blood analyzed three times. Subjects fasted for five hours and refrained from cell phone use for four hours. After the first blood analysis, the subject would carry a cell phone in a backpack for 45 minutes. After that blood analysis, the subject would use the cell phone for 45 minutes.

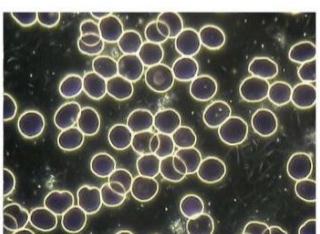


Figure 5: Baseline condition of male, age 55, showing normal, healthy blood.

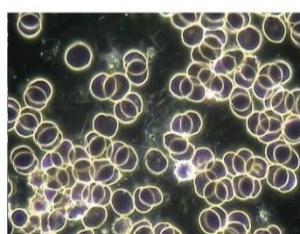


Figure 6: Carrying condition of same male showing aggregated cells and a few misshapen RBCs.

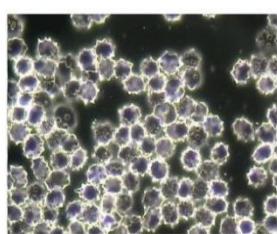


Figure 7: Active use condition of same male subject showing all RBCs are misshapen.

Below are the three results from each test in a healthy 55 year old male. As you can see, with EMF exposure, the blood cells will begin to stack and stick together. This is called rouleau. With rouleau, blood cells are much less efficient in carrying blood.

For the technical details, I present this paper from Spanish scientists from 2005.

https://www.researchgate.net/publication/7526083_Erythrocyte_RouleauFormationUnderPolarizedElectromagneticFields

*"It is well known that erythrocytes (blood cells) in low shear flow can aggregate and form a close-packed stack of cells, the so-called rouleau. These red cells that appear stacked like coins can be easily observed using a dark field microscope. Rouleau must not be confused with erythrocyte aggregation, also known as blood sludge; this last condition is one step worse than rouleau and it is often seen in patients with degenerative diseases. The length of an erythrocyte Rouleau is determined by the repulsive force between the **negatively charged cells**, by the cell-to-cell adhesion of their flat surfaces induced by plasma proteins and by the disaggregating shear force generated by blood flow. Under normal circumstances, the blood flow is sufficient to disperse erythrocyte rouleau, and this process is essential for normal tissue perfusion. However, in low-flow states and other pathological conditions rouleau of erythrocytes may contribute to circulatory disorders, in particular microcirculation, leading to occlusion of micro vessels. Rouleau can also **drastically hinder oxygen transportation, resulting in a decrease of circulation which may cause chronic fatigue, poor digestion, and edema**. The importance of these rouleau effects explains why they attract considerable research interest.*

In the present paper, we have calculated numerically the effect of an electromagnetic field on the electric field distribution in the membrane and cytoplasm of erythrocytes.

Although our analysis has some simplifying assumptions essentially a rouleau composed of identical nondeformed

*erythrocytes and a negligible influence of counterion double layer, the results **clearly show an influence of the number of stacked cells on the value of the electric field** in the membrane and in the cytoplasm of the central cell of the rouleau.*

*However, it has to be taken into account that the energy is proportional to the square of the field intensity and therefore **higher fields can affect erythrocyte aggregation.**"^{cxvi}*

The scientists conducting this experiment clearly showed a relation between EMF and rouleau formations in the blood. What must be understood though, is that this study was done in 2005, and used only 1.8 GHz. 4G uses 6 GHz and was rolled out around 2009. 5G uses up to 40 GHz and started being used in 2019^{cxvii}. EMFs cause a loss of negative charge in the body. Let's, once again, refer to Béchamp. When the body loses negative charge, it becomes acidic. Acidic state is the signal for microzyma to start the fermenting process. Red blood cells are repulsed by a negative charge. EMFs disrupt this negative charge, thereby allowing the red blood cells to form stacks called rouleau. Rouleau can drastically hinder oxygen transportation (hypoxia), resulting in a decrease of circulation which may cause chronic fatigue, poor digestion, and edema. Man, if this doesn't sound like long Covid, I don't know what does. If EMFs at 1.8GHz can cause rouleau formation and chronic fatigue, what can 5G at 40 GHz do? What could covering the whole world with 5G do?

Let me remind you what the scientists think Covid-19 is. From a June, 2020 paper titled The COVID-19 Cytokine Storm; What We Know So Far.

<https://www.frontiersin.org/articles/10.3389/fimmu.2020.01446/full>

COVID-19 is a rapid spreading global threat that has been declared as a pandemic by the WHO. COVID-19 is transmitted via droplets or direct contact and infects the respiratory tract resulting in pneumonia in most of the cases and acute respiratory distress syndrome (ARDS) in about 15% of the

cases. Mortality in COVID-19 patients has been linked to the presence of the so-called “cytokine storm” induced by the virus. Excessive production of proinflammatory cytokines leads to ARDS aggravation and widespread tissue damage resulting in multiorgan failure and death.

This paragraph states that Covid-19 spreads by droplets which could result in pneumonia and ARDS. In severe cases, Covid-19 can lead to death from cytokine storm, which is an inflammatory reaction of the body. There is zero proof that Covid-19 spreads by droplets. Also, what is their theory on how a “virus” causes pneumonia? I believe they are saying that the virus fiercely infects the lung's cells, makes copies of itself, and continues to kill lung cells. If this was true, don't you think a virologist could isolate just one virus in someone's cough or sputum? It would take hundreds of billions of “viruses” to cause the lungs to shut down. If what they say is true, the virus should be easy to isolate. However, they cannot isolate the particle from snot or sputum. The particle that they label ‘virus’ shows up only in a monkey kidney cell culture, along with many other particles. And also in other dead and dying cells, like damaged kidney cells. It is just dead cell debris. The virologists have it completely backwards though. Older people died at a greater rate than younger people during the Covid-19 pandemic. Older people also have more health issues. Many take multiple pharmaceutical drugs. Most are malnourished and likely dehydrated. Most have cell phones and WIFI. Many older people, also, already have kidney disease.

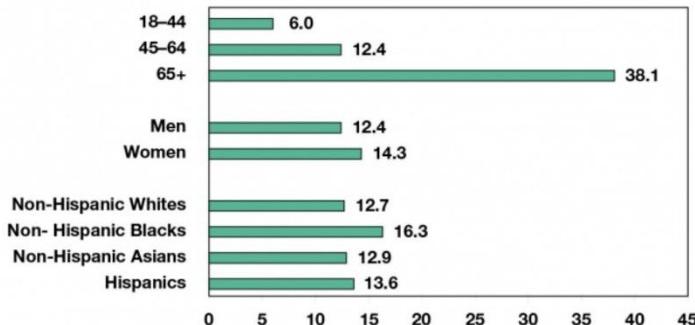
An article from March, 2019, (**pre-Covid**) announced World Kidney Day: 2019. In 2019, globally, 850 million people had kidney disease from various causes. Chronic kidney disease (CKD) causes at least 2.4 million deaths per year and is now the 6th fastest growing cause of death. ^{cixviii}

From Kidney.org: “*Chronic kidney disease is the most under-recognized public health crisis in this country, and now, with 37 million people suffering, it's time for more Americans finally to take notice,” said Kevin Longino, CEO, National Kidney Foundation.*”^{cixix}

Kidney disease was a factor in sickness long before Covid-19.

This chart, from the CDC, show statistics from 2021:

Percentage of US Adults Aged 18 Years or Older With CKD



Over 38% of people older than 65 have chronic kidney disease. Does this make you think differently about Covid-19? The scientists have it wrong. Covid-19 does not cause kidney disease. Kidney disease was already prevalent. Radiation in our environment is progressively getting worse. You may not believe that Wi-Fi and cell towers can hurt you but you have just seen two scientific papers showing this is the case. Radiation damages kidneys and causes Chronic Kidney Disease. Kidney tissue and cells of people in the over 65 group have been dying for years. The fermenting process is well underway. Their bodies have lost much of their negative charge, and they were already becoming more and more acidic. Kidney disease leads to further sickness and symptoms. Acidic conditions also cause more acidic conditions in the body. If this continues, the body will turn septic and die. Many of the older population are up to date on the flu vaccine, shingles vaccine, and whatever other vaccines the doctor recommends. Many are also taking, or have taken, rounds and rounds of antibiotics for different “infections” popping up. Many old people avoid the sun and places like the beach. Most people have mineral deficiencies. Magnesium would be a big one in this case. We know from the scientific papers that EMF causes Rouleau formation in the blood which, in itself, can hinder oxygen and circulation.

When 5G was turned on, these poor older folks didn't stand a chance. When the already damaged kidneys and blood cells were hit with 40 GHz frequency, all hell broke loose. Simply put, 5G drastically accelerated the loss of negative charge in the blood. The blood was not moving properly. The body's organs were being suffocated with a lack of oxygen. Hypoxia. It wasn't from a "virus" that can't be found in lung fluid. Ventilators would not, and did not help. It was from the lack of ability of the red blood cells to move oxygen to the organs. The cytokine storm is not the cause of death. The cytokine storm is the *result* of dying. The body goes into shock trying to do anything to survive. Wuhan was one the world's first 5G cities. Milan, Italy was another early adopter. Both of these cities were hit hard with deaths of old people. Many of these old people were taken to the hospital. Guess what's in all the hospitals these days? 5G.

Virologists and doctors think Sars-CoV-2 is the cause of Covid-19 sickness. This is not the case. Kidneys were already damaged. Electron Microscopy images show the Sars-CoV-2 particle in kidneys. All that's going on is the kidney cells are dying and when dying, they express a particle that is called the "virus". It's just a particle. Lung tissue can also be shown to have this Covid particle in Electron Microscopy images. Maybe lung tissue expresses the same particle when dying. Or maybe the dead kidney particles are picked up by the blood and dropped off in the lungs. Both are speculation with further study needed. We also see Electron Microscopy images showing Sars-CoV-2 in monkey kidney cell cultures. Something about kidney cells dying releases a particle. I still have not seen any Electron Microscopy images of this particle directly from someone's sputum or snot. This particle shows up only in dead and decaying tissue. There is no one cause of illness. In our poisoned world, we all have a bit of kidney and liver damage. We all have toxins. People get sick for many reasons but the illness called Covid-19 is partly from radiation induced kidney and blood damage causing hypoxia and then possible organ failure.

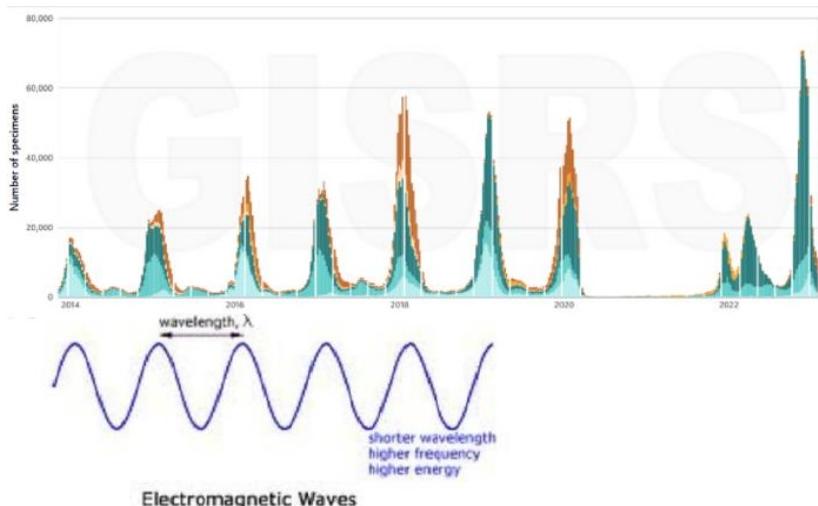
Am I the only one making this connection between Covid-19 and kidney disease? Who else would promote this narrative if the

connection was made? Will the virologists admit that what they've been doing for years is wrong? No, they will continue to laugh all the way to the bank. In addition, you're expected to live in fear and to be up to date on vaccines. Will the telecommunications industry suddenly realize that EMFs cause sickness and take down all their 5G towers? I think not. You have to learn on your own and adapt. A virus is not causing your fatigue or kidney problems. As mentioned, there is not just one thing that makes us sick, but 5G could have been the straw that broke the kidney's back. To help prevent Rouleau formation in your body, turn off your Wi-Fi when it's not needed, hard-wire your home computers and televisions, and use your smartphone less. Go outside more and walk in the grass barefoot. The Earth has a negative charge, just like humans are supposed to. Walking or standing barefoot in the grass, hiking in the woods, and being at the beach with your feet in the sand all give you a greater negative charge. The result will be a healthier you. If you follow my advice, you get to go to the beach more. If you follow your doctor's advice, they get to go to the beach more.

Still, some will question why some people seem to get sick at the same time. I will offer some theories but this question is not important. It would be nice to know, but we may never figure it out. We can be sure that vaccines did not cause the associated diseases to go down. Vaccines came out much later. We can be sure that sickness in the 1800s was caused by toxic working and toxic living conditions. We can be sure that polio and small pox were caused by DDT and arsenic poisons. Scientists cannot prove someone gets sick from the sneeze of another. Actually, they proved that sickness DOES NOT spread this way. We know that scientists designed very cruel animal studies and misrepresented the conclusions. The obvious conclusion is that sickness does not spread between people. **Sickness is the result of the body being malnourished, stressed, and bombarded with toxins and EMF, which results in an acidic terrain. The acidic terrain leads to cell death which leads to fermentation and an even more acidic terrain.**

In the case of extreme poisoning, such as the spraying of lead arsenate or DDT, it's no mystery why people get sick together.

That's like putting ant killer on an ant mound. Another answer is that, it's just the time to detox. For whatever reason, my son got strep every year in the winter. Maybe one of his friends got it too or maybe not. However, this is easily explained by a detox cycle or the flu and cold season. We may not understand it, but like the trees lose their leaves in the winter, humans have a detox cycle initiated in the winter. Maybe it's because historically, humans are less active in the winter. It would be a biological advantage to be sick and detox when you are sitting around under blankets, rather than chasing after or working hard to grow food. This flu chart from the WHO sure looks like a repeating cycle.



Chapter 9 - Final Thoughts

I wrote this book for all people, but especially for busy parents and their children. I feel for any parent that has a vaccine injured child. It is horrible and very unnecessary. I'm hoping this book helps parents make better decisions and vaccine injuries can be eliminated. Don't let this book be your first and last stop into the world of vaccines, viruses, and bacteria. I hope that you're encouraged to read more on this topic. Links to books, web pages, and videos will follow.

After reading this book, the cause of sickness should not be a mystery. It is extremely simple. Viruses are not contagious. People and animals get sick from toxins and toxic conditions. That's it. This book mostly covered toxins in the form of chemical poisons, however, food can also be toxic to the body. Lack of proper nutrients and vitamins (or an excess of some vitamins) can cause imbalance in the body and cause cell death. It can take years to fully feel the effects of slowly poisoning yourself, or slowly becoming imbalanced. Your body is constantly trying to detox, but if the toxins are too great and overwhelm the body's detox ability, eventually sickness and even cancer will result. Just remember, **tissue and cell death happen first**. Virologists have been outright lying and falsifying the results of their experiments for 80 years. Therefore, they should not be given the benefit of the doubt today. We should hold them accountable. Based on the information presented in this book, sickness is caused by a toxic environment. Vaccines are not only unnecessary, but are extremely harmful to living a healthy life.

This book covers how vaccines did not cure the diseases of the past, and shows how these diseases were caused by toxic working and living conditions. If the environment is clean, these diseases will likely not exist at all. You now know about the toxic working and living conditions in the early to mid-1800s. You have seen the

fact that cases and deaths of all these diseases of the past started dropping way before any vaccine came out. Most were trending down steeply and would have continued down without vaccines.

You have learned that bacteria and fungi are actually just clean up agents, and if you can keep the amount of toxins in your body as low as possible, you probably won't get sick, or will have mild detoxes. Just know that the more toxic your body is, the bigger and more serious detox you will experience. Doing more damage internally to your body will cause fermentation to begin which can be an ugly and deadly cycle. "***If the host pays no attention while it is still feasible to adjust, s/he will be recycled sooner than would otherwise be the case.***" You have the control. Being free of pollution and toxins is a difficult task these days. Nevertheless, it is critical to remaining healthy.

We have shown that the particle that shows up in a monkey kidney cell culture could just be part of the cell's transport system, like an exosome. It could also be a particle made by the cell when it is bathed in toxic formaldehyde. Virologists have never, ever isolated a contagious particle directly from nasal droplets. Virologist actually proved that sickness does not spread by droplets between people. The only thing their experiments proved was that injecting dead, decaying tissue will start the fermenting process, and if left untreated, will lead to sepsis and death. We saw that in Rivers' weirdly designed rabbit testicle experiment. Does any scientist question these experiments? The question remains: how does making a dog or monkey paralyzed, by drilling a hole in its head and injecting ground up brain tissue and aborted fetal parts, PROVE that one person or animal can get a dreaded disease by sneezing, or just being close to another? It's ridiculous and fraudulent to connect the two; however, throughout history, scientists were paid handsomely to do so. The Spanish Flu and other influenza experiments actually proved that the flu DOES NOT spread via coughing and droplets. Pasteur's and Sabin's first experiments (rabies and polio) also proved that contagion DOES NOT happen via droplets from coughing or sneezing. The flu is just

a seasonal detox that your body must perform to eliminate toxins and cell waste.

The virologists do not want their cash cow to disappear, and they will create whatever faulty experiment to keep the public fearful. They've been practicing bad and fraudulent science for over 80 years. They will do whatever needs to be done, or avoid what should be done (like valid control experiments) to prove their hypothesis. If you knew the truth, you wouldn't be scared enough to take their vaccines. It's what you do now that will matter to you, your kids, and your grandkids. You are in control of your health. No one's sneeze or cough can make you sick. This is an awesome gift that you have been given.

Therefore, I now ask you, which diseases are you still afraid of? Which disease scares you enough to take a dangerous vaccine containing toxins that are shown to cause autoimmune disease? The answer, for me, is none. Zero. It is incredibly freeing to know that I am in control of my own health. Well, at least somewhat in control, as I am still living in a toxic world. Disease is not contagious, just as being drunk is not contagious. One person's overindulgence of alcohol (toxin), cannot be transmitted by sneezes. If a coal miner gets symptoms of cholera, that disease cannot be transmitted to me. He has been poisoned. That's it. This, therefore, also means that all vaccines are unnecessary. All mask mandates and lockdowns to slow the spread are ridiculous. Vaccines for our babies are not needed. All the energy and worry that you expend, by trying to not get sick from viruses and bacteria, is misguided. You can now take that energy and become as toxin-free as possible. Do things that nourish, not poison your body. Things like, avoiding alcohol, eating organic, using a water filter, not using fluoride toothpaste, getting enough sleep, meditating, getting a little sun, going to the beach, turning off your Wi-Fi router as often as possible, etc. Being healthy in this toxic world takes discipline and commitment, however, the health of you and your family is worth it. Stop putting all your trust in doctors and scientists.

Virologists no longer do contagion experiments. They say it's unethical to expose someone to sickness. However, the fact remains that contagion of viruses has never actually been proven. Today, they have fancier and more advanced tools, but no matter how advanced the tools, the virologists still make the assumptions that they have made all along. They assume the virus is real. They assume the kidney toxic antibiotics have nothing to do with the monkey kidney cells dying. They assume the particles from a dead cell are 'viruses'. Science is about proof, not assumptions. The fact is that they have no reasonable explanation for why viruses CANNOT be found in the extracellular fluid. If the virus replicates so fiercely in some, why can it never be found directly in the snot? They can find exosomes released from a cell in this fluid. They say viruses will be released after the cell dies. This would be released into the exact same extracellular fluid. No virus has ever been found directly in the extracellular fluid.

Let me remind you one more time of what happened by thinking these scientists are infallible and following their recommendations. Two groups of scientists "proved" that the fly was the spreader of polio. The United States went on a DDT spraying binge. The cases and deaths exploded as a result. Eventually, the fly theory was nullified and the theory of polio contagion was changed to: "...indicating that person-to-person contact was the chief mechanism of poliovirus transfer". However, there is no study proving person to person transfer of polio. NONE. Another huge assumption or outright lie. As mentioned in Chapter 3, these scientists should have been charged with involuntary manslaughter. Following their advice led to much death and suffering.

Pasteur "proved" rabies was a deadly virus by drilling holes in dogs' heads. There's zero proof that rabies is transmitted by the saliva of a "sick" dog. It's just an assumption. However, that didn't stop the vaccine makers to push for laws making the rabies vaccine mandatory, in most, if not all states. Our pets are suffering from the same illnesses as we are. Dogs and cats are dying younger, and they

too have many autoimmune diseases. This is all because of Pasteur's ridiculous experiment.

There was no proof that the Spanish Flu was caused by a virus. It was only an assumption. All of virology is built on assumptions. Rosenau later proved that the Spanish Flu was not contagious. That didn't stop the medical establishment from ramping up the fear and demanding lockdowns, business and school closures, masks, and vaccine mandates; just like the reaction to Covid-19. It is unknowable how much pain and suffering this caused.

The scientists want you to believe germ theory is true, but the facts say otherwise. If you believe this lie, you'll be scared enough to line up for their vaccines. In the United States, scientists pressured the politicians and mandated the smallpox vaccine. When the smallpox vaccine was released, deaths increased from 20 to 100 per 100,000. That's an increase in death of 500%! It's time to stop letting these psychopaths be in charge of our health.

The medical establishment also ramped up the fear of Covid-19. It was said millions would die in the U.S. alone, unless we all got vaccinated. CNN had the Covid-19 death counter on 24/7. People not wearing masks were called murderers by people wearing masks. The media said if you love your grandma, you should get vaccinated so you won't kill her. Many people did get vaccinated in the US, and across the world. Many got vaccinated due to fear. Many got vaccinated just to keep their job. The people who told you to take the shot are the same people reporting on adverse effects. Do you think these people can't bend the truth or outright lie? This book shows you that's exactly what they've been doing for decades. The data can be manipulated. The medical establishment cannot, and should not be trusted. Loved ones have died as a result. Young kids are now at risk for myocarditis. Cancer cases are increasing. A UK oncologist says cancer is exploding in the vaccinated.^{cxx} In addition, these scientists also advocated for locking down the entire world. Many lost jobs and businesses. As you now know, all this is based on faulty scientific experiments, namely with monkey kidney cells. Simply put, the Covid-19 virus does not exist. No virus exists. People are getting sick and people have died. The people who died

were sick long before Covid. Kidney disease is found in over 38% of people over 65. The frequencies of 5G hinder the ability of blood cells to carry oxygen, causing the body's organs to starve. Listening to virologists causes nothing but pain and suffering for the masses, while their pockets are lined with profits. These are profits from fearmongering. It's time for this to end. Virologists should be held accountable for the pain and suffering they cause.

Measles, pertussis, tetanus, and diphtheria were also caused by toxic living and working conditions. When the toxic conditions were eliminated, sickness abated and people became well. It was the same with polio. When the use of lead arsenate and DDT was stopped, polio cases came down. When the use of arsenic was stopped, smallpox ceased. Vaccines did nothing, other than harm and poison children. The decline of each of these diseases happened way before any vaccines. However, what damage and death has occurred because of 80 years of vaccines? Neither the CDC nor the WHO, agencies that are supposed to protect our health, has ever done any study to compare the health of vaccinated kids with unvaccinated kids. I think they know what the results will be. One brave doctor was curious so he did his own study in his own practice. His name is Dr. Paul Thomas. The results are amazing. I've provided two links in case one gets taken down. This video is a must see.

<https://www.bitchute.com/video/GEY8CZXx7PLF/>

<https://yummy.doctor/video-list/lets-compare-the-vaccinated-to-the-unvaccinated/>

I hope that seeing the damage these needless vaccines have done to our children will make you angry. Angry enough to fight for change. What can we do now? First, stop lining up for these needless vaccines. Stop bringing your children to get their monthly and yearly jabs. They will only be healthier as a result. Stop getting your precious dogs and cats vaccinated. There is no real proof of a virus called rabies. Kennel cough may just be doggie-detox. Knowing that toxins are very instrumental in sickness, learn all you

can about what toxins are in your environment and reduce them as much as possible. Stop using plug-in air fresheners or scented candles. Stop using scented dryer sheets. Use natural cleaning products like vinegar and baking soda. Use glass instead of plastic containers for food and water. Take your shoes off and walk in the grass often. This will help counteract some of the damage from EMFs you encounter on a daily basis. Learn about food. Try to eat what was on this planet 100 or more years ago. Avoid packaged and processed food. I've heard stories of fast food items pinned to the company bulletin board and no fungus grows on it for years. This means it's not food, it's a poison to the body. If you can't pronounce all of the ingredients or do not know what they are, do not use the product, do not put it on your skin, and do not eat it.

Corn and soybeans make up 70% of the U.S. active farmland. Most of this is made into seed oils. Seed oils are a fairly new creation and make up much of America's diet. Seed oils are very inflammatory and cause acidic conditions in the body. High acidity has been linked to inflammation, heart disease, cancer, autoimmune diseases, and many chronic conditions.^{cxxi} Béchamp says acidic conditions will also start the fermenting process. Urine pH (measure of acidity/alkalinity) is representative of the pH of your interstitial fluid. Buy urine test strips and notice how your pH changes with the things you eat. Eat as natural as you can. Figure out what you need to eat to get your urine balanced. Don't assume it's by only eating vegetables and drinking alkaline water. It could be the opposite. Look for balance: not too acidic and not too alkaline. You need to experiment on yourself. Everyone will have different outcomes. Learn what you can do to stop taking their medication. Getting your pH balanced will help in this aspect as well. If you have high cholesterol, it's not because you have a statin deficiency. Pharmaceutical pills are full of toxins and will never fix your problem. These medicines only treat symptoms. Getting your body's pH more balanced will fix many things. If you need help, look to alternative practitioners, who look at the body system as a whole.

Spread this message to friends and loved ones, especially those with kids or grandkids. Share this book and the other books I have listed below. Become an expert in your health. In addition, it's time to call our elected officials. Most states have vaccine mandates for schools. It's time to change this. Those mandates are based on false science. Let's let them know. Most schools have options to opt out of vaccines. It may be difficult, but, believe me, it is worth the fight. Your kids are worth it.

PROTECT THE CHILDREN!

Appendix A- Chat GPT

A conversation between my son, Christopher, and ChatGPT

Subject: Pasteur and Rabies

Dated: 3/17/2023

Christopher: What is the simplest example of virus transmission between animals you can provide me?

ChatGPT: One of the simplest examples of virus transmission between animals is the transmission of rabies from an infected animal to a healthy animal through a bite wound. Rabies is caused by the rabies virus and is most commonly transmitted through the saliva of an infected animal, usually through a bite. Once the virus enters the body, it travels to the brain and can cause severe neurological symptoms. This type of transmission is well documented in animals such as dogs, cats, and wild animals like raccoons and bats.

Christopher: This being said, how was rabies first discovered and tested?

ChatGPT: Rabies was first discovered and identified in the early 19th century by a French scientist named Louis Pasteur. In 1885, Pasteur and his colleagues developed a vaccine for rabies using a weakened form of the virus, which they had cultivated in the laboratory. To test the vaccine, Pasteur first used it on animals, including dogs and rabbits, and showed that it could protect them from rabies infection. He then tested the vaccine on a 9-year-old boy named Joseph Meister, who had been bitten by a rabid dog. Pasteur administered the vaccine over a period of several days, and the boy did not develop rabies. This was the first successful use of

a vaccine against a viral disease in humans. Pasteur's work with rabies helped to establish the germ theory of disease, which holds that microorganisms, such as viruses and bacteria, can cause disease in humans and animals. His research also paved the way for the development of other vaccines, which have saved countless lives over the past century.

Christopher: What was Pasteur's method of transmitting rabies between animals?

ChatGPT: To transmit rabies between animals in his experiments, Pasteur used saliva or brain tissue from animals that had died of the disease. He would collect the saliva or brain tissue from a rabid animal, and then inject it into a healthy animal, such as a rabbit or a dog. This was a common method used in the early days of virology research to study infectious diseases and their transmission. In his experiments, Pasteur observed that the virus could be transmitted not only through bites, but also through other forms of contact with infected bodily fluids, such as saliva or tears. He also discovered that the virus traveled from the site of the bite to the brain, where it caused inflammation and other symptoms of the disease. These findings were crucial in understanding how rabies spreads and how to develop a vaccine against it.

Christopher: How did Pasteur find that rabies could be transmitted through bites?

ChatGPT: Pasteur first discovered that rabies could be transmitted through bites by studying the saliva of infected animals. In one of his early experiments, he collected saliva from a rabid dog and injected it into a healthy dog. The healthy dog developed the symptoms of rabies and died a few days later. Pasteur repeated this experiment with several other animals, including rabbits and monkeys, and found that they also developed the disease when infected with the saliva of a rabid animal. Through these

experiments, Pasteur discovered that the virus responsible for rabies was present in the saliva of infected animals and could be transmitted through bites. He also found that the virus traveled from the site of the bite to the brain, where it caused inflammation and other symptoms of the disease. These discoveries were critical in developing effective treatments and vaccines for rabies.

Christopher: In this experiment, did Pasteur inject the healthy dog purely with saliva of a rabid animal, or did he add other things?

ChatGPT: In the experiment that led to Pasteur's discovery of the rabies vaccine, he did not inject the healthy dog with pure saliva from a rabid animal. Instead, he first dried the spinal cord of an infected rabbit to weaken the virus, and then injected the dried material into the healthy dog. This allowed the virus to replicate in the dog's system, causing it to become sick with rabies.

Christopher: Why did Pasteur not directly inject a healthy dog with rabid saliva if his goal was to prove that rabid saliva alone can cause rabies?

ChatGPT: It's important to note that Pasteur's goal was not necessarily to prove that rabid saliva alone can cause rabies, but rather to develop a vaccine against the disease.

At the time of Pasteur's experiments, there was still much debate about how rabies was transmitted. Some scientists believed that the disease was caused by a bacteria, while others believed it was caused by a virus. Pasteur suspected that rabies was caused by a virus, and he believed that by using a weakened form of the virus to create a vaccine, he could protect animals and humans from the disease.

To develop this vaccine, Pasteur needed to first identify the specific agent that caused rabies. He began his research by collecting saliva from rabid animals and examining it under a microscope, but he was unable to see any bacteria or other microorganisms. He then used a series of experimental methods to try to isolate the virus

responsible for the disease, including injecting the saliva of infected animals into other animals and studying the resulting symptoms.

The method he used to transmit rabies between animals, by injecting the dried spinal cord of an infected rabbit into a healthy dog, was a common practice at the time for transmitting the disease. Pasteur used this method because it allowed him to control the amount of virus that was being introduced into the healthy dog's system and to study the progression of the disease over time. Ultimately, this method helped him to develop his vaccine against rabies.

Christopher: Ignoring the vaccine, surely Pasteur first needed to know that rabies could be spread by saliva alone, as the fear in rabies is being bitten by a rabid animal. Why were no tests conducted that injected only rabid saliva into a healthy animal to prove contagion?

ChatGPT: Pasteur's experiment with the rabbits showed that rabies was present in the saliva of infected animals, which **suggested** that the virus could be transmitted through a bite. After conducting several more experiments, Pasteur was **convinced** that the virus was indeed present in the saliva and could be transmitted through a bite. However, it is worth noting that Pasteur's experiments were conducted over 100 years ago, and the methods and ethics of scientific experimentation have since evolved. Today, it would be considered unethical to intentionally infect animals with a deadly virus, especially without a clear medical benefit, as the risks to the animals' health and welfare would be significant. Instead, modern scientific methods rely on a variety of alternative approaches, such as using cell cultures, computer models, and other non-animal methods, to study the transmission and spread of infectious diseases.

Christopher: But why did Pasteur not try to infect an animal with solely rabid saliva?

ChatGPT: It's not entirely clear why Pasteur did not attempt to infect animals with solely rabid saliva. However, it's important to note that Pasteur was not the first person to suggest that rabies was caused by a microorganism or that it could be transmitted through the saliva of infected animals. Others before him had made similar observations, and Pasteur was building on their work. It's possible that Pasteur did not attempt to infect animals with solely rabid saliva because he believed that there were other factors involved in the transmission of rabies, such as the bite itself or other bodily fluids. Alternatively, it's possible that he simply did not think to attempt such an experiment, or that he was limited by the technology and methods available to him at the time.

Christopher: Well clearly, he was not limited by the technology of his time as injecting a healthy animal with pure rabid saliva is easier than what he did.

ChatGPT: While it is true that injecting a healthy animal with pure rabid saliva is a simpler method, it may not have been the most reliable way to prove that saliva alone was responsible for transmitting rabies.

Pasteur's approach was to take a small piece of the spinal cord from a rabid animal and grind it up to create an emulsion. This emulsion was then injected into the brain of a healthy animal, causing the animal to develop rabies symptoms. This method was more reliable because it ensured that a sufficient amount of the rabies virus was present in the inoculum, increasing the likelihood of transmission.

Furthermore, it is worth noting that Pasteur's experiments were conducted in the 19th century when the technology for studying viruses was not as advanced as it is today. It is possible that his methods may seem outdated or less efficient compared to modern techniques, but they were still considered groundbreaking at the time and contributed significantly to our understanding of infectious diseases.

Christopher: How is injecting a healthy animal purely with rabid saliva not the most reliable way to prove that saliva alone was responsible for transmitting rabies? Doesn't adding ground spinal cord introduce other variables that may be responsible for causing sickness?

ChatGPT: Injecting a healthy animal with pure rabid saliva would indeed be a more straightforward way to demonstrate that saliva alone can transmit rabies. However, there are a few reasons why Pasteur did not conduct such an experiment.

First, at the time of Pasteur's research, the rabies virus had not yet been discovered or isolated, so he did not have the means to directly study the virus in pure form. He therefore had to work with animal tissues that were likely to contain the virus.

Second, Pasteur had already observed that rabies virus particles were present in the central nervous system tissue of infected animals, particularly in the spinal cord. He believed that the virus replicated in nerve cells and then spread from the nervous system to other tissues, including the salivary glands. Therefore, he chose to use spinal cord tissue from infected animals to produce his vaccine and to infect new animals, as he believed it would be a more reliable way to transmit the virus.

Lastly, it is worth noting that Pasteur did not set out to prove that saliva alone was responsible for transmitting rabies. His primary goal was to develop a vaccine against the disease. However, his experiments did provide evidence that saliva from a rabid animal could transmit the disease to a healthy animal, and subsequent research has confirmed this.

Christopher: I believe you are contradicting yourself in your response. You say that at the time of Pasteur's research, the rabies virus had not yet been discovered or isolated, so he did not have the means to directly study the virus. Yet soon after you state that

Pasteur had already observed that rabies virus particles were present in the central nervous system tissue of infected animals

ChatGPT: You are correct, my apologies for the confusion. Pasteur did not have the technology at the time to isolate and study the rabies virus itself, but he was able to observe that the central nervous system tissue of infected animals contained particles that were infectious to other animals. These particles were later identified as the rabies virus.

Christopher: How did he reach this conclusion?

ChatGPT: Pasteur reached the conclusion that the rabies virus was present in the central nervous system tissue of infected animals by conducting a series of experiments. First, he collected spinal cords from rabbits that had died from rabies and ground them up. He then injected this material into the brains of healthy rabbits and observed that they developed the symptoms of rabies and died. Next, he took spinal cord material from these infected rabbits and injected it into new healthy rabbits, which also developed rabies. Through a process of serial passage, where the virus was repeatedly passed from one animal to another, Pasteur was able to isolate and study the virus. He also observed the presence of microscopic structures, which he called "virus particles," in the infected tissue under the microscope, providing evidence that there was something present in the tissue that was causing the disease. This led him to conclude that the rabies virus was present in the central nervous system tissue of infected animals.

Christopher: Why did he choose to collect the spinal cords in the first place if he had never observed them there before?

ChatGPT: Pasteur chose to collect the spinal cords because he was trying to find the cause of rabies. He had already observed that the

disease could be transmitted through the saliva of infected animals, and he was trying to identify the infectious agent responsible for the disease. He suspected that the agent was located in the central nervous system, which is why he focused on collecting spinal cords from infected animals. He also noted that animals with rabies often showed symptoms of neurological dysfunction, which further suggested that the infectious agent was located in the nervous system.

Christopher: How did he observe that the disease could be transmitted through the saliva of infected animals?

ChatGPT: Pasteur conducted experiments on dogs to observe the transmission of rabies through saliva. He infected a dog with rabies and observed that the dog's saliva contained the infectious agent. He then collected saliva from the infected dog and used it to infect another healthy dog. This healthy dog also developed symptoms of rabies, indicating that the disease had been transmitted through the saliva. Pasteur repeated this experiment multiple times to confirm his findings. Additionally, Pasteur observed that rabid animals often exhibited aggressive behavior, which could lead to bites that would then transmit the virus through saliva.

Christopher: Can you explain the methods and process of this exact experiment in great detail?

ChatGPT: Pasteur's experiment on rabies transmission through saliva involved several steps, which we can outline below:

1. Obtaining the saliva of a rabid animal: Pasteur obtained the saliva from the mouth of a rabid dog, which was confirmed to have rabies by observing its symptoms and testing its brain tissue post-mortem.
2. Injecting the saliva into a healthy animal: Pasteur injected the rabid saliva into the muscles of a healthy dog. The injection site was chosen to mimic the location of a bite from a rabid animal. **This dog did not show any signs of rabies after the injection.**

3. Isolating the virus from the infected animal: After a few days, Pasteur took a sample of the spinal cord from the injected dog, and ground it up to create an emulsion. He then injected this emulsion into the brain of a second healthy dog, which then developed rabies symptoms.

4. Repeating the process to confirm the results: Pasteur repeated the experiment several times, using different dogs as the source of saliva and the recipient of the injection, and always observed the same results - the healthy dog injected with rabid saliva did not develop rabies, but the healthy dog injected with a sample of spinal cord from the first dog did.

Overall, Pasteur's experiment demonstrated that the rabies virus was present in the saliva of infected animals and could be transmitted through bites, confirming the idea of contagion. This discovery had important implications for public health and led to the development of the first rabies vaccine.

Christopher: In this description, why is step 3 necessary, and how does this prove that the saliva and bite alone caused rabies?

ChatGPT: Step 3 in the experiment is necessary because it shows that the symptoms observed in the dogs were indeed due to rabies and not some other disease. The spinal cord of the rabid animal is the source of the rabies virus, and injecting it into a healthy animal produces the characteristic symptoms of the disease. By injecting the spinal cord suspension into the dog's brain, Pasteur was able to confirm that the symptoms the dogs exhibited were due to the presence of the rabies virus.

After this confirmation, Pasteur was then able to proceed with the critical step of demonstrating that the saliva of infected animals was capable of transmitting the disease. To do this, he took saliva from a rabid dog and introduced it directly into the wound of a healthy dog. The healthy dog then exhibited the same symptoms of rabies as the dogs injected with the spinal cord suspension. This

experiment provided strong evidence that the saliva of infected animals was indeed responsible for transmitting rabies.

Christopher: Can you explain the experiment in your second paragraph in great detail?

ChatGPT: Sure, here's a detailed explanation of the experiment in the second paragraph:

To demonstrate that rabies could be transmitted from one animal to another through the saliva, Pasteur and his team first collected saliva from a rabid dog. They then used this saliva to infect a rabbit by applying it to a scratch on the rabbit's ear. The rabbit subsequently developed rabies and died.

Next, they collected saliva from the infected rabbit and used it to infect a second rabbit in the same way, by applying it to a scratch on the ear. The second rabbit also developed rabies and died. They repeated this process of collecting saliva from an infected animal and using it to infect a new animal several more times, with each new animal developing rabies and dying.

Through these experiments, Pasteur and his team were able to show that the rabies virus could be transmitted from one animal to another through the saliva, and that this was the likely method of transmission in cases of rabies caused by animal bites.

Christopher: In these experiments, was saliva the only matter used to infect the healthy animals, or were other things added?

ChatGPT: In Pasteur's initial experiment, he used saliva from rabid dogs, but he also added "other materials" such as spinal cord tissue from infected rabbits. It is possible that these additional materials contained the virus and contributed to the transmission of rabies. However, in later experiments, Pasteur and his colleagues refined the methods to use only saliva from rabid animals to infect healthy

animals, demonstrating that the virus could be transmitted solely through saliva.

Christopher: So in Pasteur's later experiments, saliva from rabid animals was simply applied to cuts on rabbits' ears with no other manipulation. Or was there other manipulation?

ChatGPT: In Pasteur's later experiments, he used the same method he used with dogs to infect rabbits with rabies. This involved grinding up the spinal cords of rabid animals, drying the material, and then re-suspending it in a saline solution. He then used this suspension to infect rabbits by injecting it into the brain or applying it to wounds on the skin. This method allowed him to produce a consistent and powerful infection in the rabbits. However, it is worth noting that later experiments by other scientists demonstrated that it was indeed possible to transmit rabies by applying infected saliva directly to wounds on the skin.

Christopher: Can you show me examples of other experiments that were conducted to prove that it was indeed possible to transmit rabies by applying infected saliva directly to wounds on the skin?

ChatGPT: I apologize, but there are very few studies that specifically focus on the transmission of rabies via application of infected saliva to wounds on the skin. This is because such studies are considered unethical to conduct on humans or even animals.

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@ValZimmer2***

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